



County Borough of Darlington.

ANNUAL REPORT

OF THE

Medical Officer of Health

1950

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH
SCHOOL MEDICAL OFFICER



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ANNUAL REPORT, 1950.

To the Chairman and Members
of the Health Committee.

Mr. Chairman, Councillor Mrs. Lyonette and Gentlemen,

I have the honour to present my Annual Report for 1950 upon the health of the County Borough of Darlington.

I am glad to be able to record that the unduly high infant mortality rate for 1949 has improved this year from 44.0 per 1,000 live births to 34.4. It remains, however, higher than the similar rate for England and Wales and also for the aggregated County Boroughs and great towns, to which some factors may contribute outside human control, such as the relatively adverse climatic conditions of the North-East as compared with other parts of the country. At the same time there is undoubtedly room for improvement in this as in all other fields. In the body of the Report notes will be found on the epidemiological events of the year, as also on morbidity and mortality from infectious diseases and generally. There was a mild epidemic of dysentery in Darlington during the late Autumn, apparently part of a much more widespread outbreak and occasioning little more than inconvenience. It is satisfactory to record that although 1950 was an epidemic year for poliomyelitis, there was no notified case in this town. This cannot, however, be attributed to any skill or foresight on the part of the Health Department, as the means whereby the disease is spread and its victims become susceptible to it remain unknown.

In spite of the rising cost of living and the difficulties and dangers of contemporary society, the health and development of the rising generation as demonstrated at baby clinics and in the schools remain satisfactory and it would seem reasonable to attribute this good finding to the added care given to nutrition during expectant and nursing motherhood and in infancy and childhood. Not only is extra nourishment available, but mothers have learned to make use of it. One adverse finding is a deterioration in the state of the teeth of children and this may be due to a greater availability of starchy foods and sweets than in the war years. Whilst it cannot be said that infectious diseases, with the exception of diphtheria, are less prevalent than in the recent past, there is an undoubted tendency for some of them to remain mild, notably scarlet fever and measles. So much is this the case that the single cubicle block at Hundens Unit of the Darlington Memorial Hospital (once the Borough Isolation Hospital) was throughout the year fully capable of meeting all demands upon it and these not from Darlington only but from a wide surrounding area extending as far as Hawes in the South-West. It must always be borne in mind that diseases show cycles in their own natural history. Scarlet fever, when first described and differentiated in the seventeenth century, was so mild a disease as to seem hardly worth notice, but since then it has had two cycles of severity. Diphtheria also in

the middle of the last century was relatively mild, though it later became, as in the memory of most of us, a very dangerous infection. Its present improvement we may believe with good reason to be due to immunisation and it is unfortunate to have to record that the response in Darlington is not, and has not been, as good as in the country generally and that even where England and Wales as a whole are concerned a decline in the number of children immunised was observed in 1950. The alleged danger of poliomyelitis complicating immunisation is too small in my opinion to weigh against the continued vigorous prosecution of the campaign, especially if immunisation is suspended whenever poliomyelitis is prevalent in a locality. I did not think it necessary to advise any suspension during 1950.

I hope that those who do me the honour of reading this introductory letter will also peruse the rest of the Report as what I hope may be the growing points in the local development of public health are duly described under their appropriate headings in the course of it. As has been recently remarked, "Though the fever hospitals are empty, the lunatic asylums are full to bursting".* Thus attention is particularly drawn to Section "C", Mental Health. Unfortunately in this as in so many other aspects of our work what is possible falls much below what is desired. In this matter a good deal of uncertainty exists about preventive measures and the pattern of disease appears to be changing so that a Medical Officer of Health must in these days scan very much wider horizons than when his work was almost exclusively bound up with the prevention of infectious diseases. Even where these are concerned it may not be without significance that the malady of greatest contemporary concern should be one affecting the central nervous system.

One matter outside the direct responsibility of the Local Health Authority upon which I should like to comment is the adverse effect upon the disposal of certain categories of patients brought about by the winding up of the old public assistance organisation. This had undoubted difficulties, but in its institutions provided a means whereby a large number of persons in the wide borderland between health and defined illness could be accommodated. In childhood and youth the demarcation between health and disease is clear and narrow, but as age advances the frontiers become ever more uncertain, as the incidence of degenerative conditions and of the effects of wear and tear on mind and body become more prominent. Were we living at a time when responsibilities were taken very seriously by families consisting of numerous siblings, a loss in the provision for the aged, the chronic sick and the handicapped would be less onerous, particularly if there were an adequate supply of houses so that every family was able to possess a home of its own. As is well known, these circumstances do not exist and there is an increasing desire on the part of many to shelve their responsibilities onto the State and their Local Authorities. Thus the Health Department is constantly encountering demands of various sorts for the care of mildly demented, congenitally

* "Theme and Variations", by Aldous Huxley, London, 1950, p. 67.

defective, aged, infirm and chronic sick persons that cannot possibly be met. The hospitals, themselves meeting an ever greater demand on their beds for all kinds of short-term treatment, cannot find room for long-term patients whose hopes of recovery are small or non-existent. On the other hand, under the National Assistance Act the welfare institutions are to be run as hotels and not as places for the care of the sick. No alternative exists, therefore, for the disposal of these persons save that they remain in the accommodation where they may be frankly unwelcome and which may be unsuitable for them. In a small way an effort is being made by this Department to relieve pressure on curative and care services by training housewives in home nursing. This was an experiment that up to the end of 1950 was of uncertain outcome, but the courses given, all by voluntary effort and in premises for whose use no charge was made, seem to have been appreciated, and the project is continuing in 1951. Readers are referred for more details to the paragraph devoted to Health Education in Section "E" of this Report.

In conclusion I should like to express my appreciation to the Chairman and Members of the Health Committee for their continued interest and to my staff for their loyal and enthusiastic co-operation.

I have the honour to be,

Your Obedient Servant,

JOSEPH V. WALKER,
Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

(at 31st December, 1950).

Alderman A. J. Best, J.P. (Chairman).

Alderman J. Waters, M.P.S. (Vice-Chairman).

Councillor J. A. Bird.

„ W. Cottam.

„ A. Ingham,
M.B., Ch.B.,

„ R. H. Loraine.

„ Mrs. M. Lyonette,
J.P.

„ G. L. Mortimer,
M.C., A.C.A.

Councillor A. Nichol.

„ B. E. Pigg.

„ A. E. Powell.

„ A. W. Snaith.

„ J. Ward.

„ J. G. Willey.

Co-opted Member : Dr. W. W. Forsyth.

STAFF.

Medical Officer of Health and Joseph V. Walker, M.D., M.R.C.P.,
School Medical Officer D.P.H.

Assistant Medical Officer of Health Annabella McGarrity, M.B., Ch.B.,
and Asst. School Medical Officer. D.P.H., D.O.M.S.

Assistant Medical Officer of Health John Fleming Bishop, M.B., Ch B
and Asst. School Medical Officer. C.P.H.

School Dental Officer J. L. Liddell, L.D.S.

Public Analyst C. J. H. Stock, B.Sc., F.I.C.

Chief Sanitary Inspector F. Ward ^{1 2 3}

Deputy Chief Sanitary Inspector J. R. White ^{1 2 3}

Sanitary Inspectors A. F. Theakston ^{1 2 3}
S. Daley ^{1 2 3}
D. G. Warde ¹
F. D. T. George ^{1 3} (till 31/8/50).
F. Gardner ^{1 3} (from 11/9/50).

Senior Health Visitor Miss E. Winch ^{4a 5 6}

District Health Visitors Miss A. M. McIlwaine ^{4a 5}
Miss M. Milestone ^{4a 5 6}
Mrs. J. L. Copping ^{4a 5 6}
Miss F. E. Smith ^{4a 5 6}
Miss D. S. Owen ^{4a 5 6}
Miss B. Peacock ^{4a 5 6}

Tuberculosis Health Visitor ... Miss A. Thornton ^{4a 5 6}

Superintendent Midwife	...	...	Miss E. Dempsey ^{4a 5 6} (till 30/4/50). Miss N. M. Everitt ^{4a 5} (from 1/7/50).
District Midwives	...	...	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Miss W. Thompson ^{4a 5} Miss J. Gibson ^{4a 5}
Matron of Nursery—North Road			Miss E. E. Roper ^{4a 5} (from 3/1/50)
<ol style="list-style-type: none"> 1. Certificate of Royal Sanitary Institute and Sanitary Inspector's Joint Board. 2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors. 3. Associate of the Royal Sanitary Institute. 4. State Registered Nurse:—(a) General; (b) Fever; (c) Sick Children. 5. State Certified Midwife. 6. Health Visitor's Certificate of the Royal Sanitary Institute for Health Visitors and School Nurses. 			
Mental Welfare Social Workers			Miss E. Black (till 31/5/50). C. W. Price (from 1/9/50). Mrs. J. Paxton. Mrs. F. Pinchen.
Handicraft Instructor	...	...	J. W. F. Wilson.
Registrar of Births, &c.	...	...	E. K. Corlett.
Chief Clerk and Petitioning Officer	...	...	Hugh R. Kirk.
Clerical Staff	...	...	Miss F. E. Gibbon Miss G. W. Ruecroft. Mrs. E. Ward. Miss D. Robinson. Miss M. Bell. Miss B. Snowden (till 31/3/50). Miss V. Thomson (from 1/9/50). Miss A. Lumb. Miss M. Foster. I. Burnley. V. J. Scarre, D.P.A. A. R. Lambert.
Rodent Operative	...	...	R. S. Walton.
Disinfector (part-time)	...	...	W. Hunter.

SECTION A.

VITAL STATISTICS.

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,463.

Resident population (Registrar General's estimate, 1950) — 85,550

Resident population (last census)—72,093.

Percentage increase in 20 years on last census population—18.66%

Density of population per acre—13.

Inhabited houses (at 31st March, 1951) :

(a) Dwelling houses	...	...	...	24,009
(b) Dwelling houses and shops	...	...	...	716
(c) Licensed premises	...	...	...	131
Total				<hr/> 24,856 <hr/>

Rateable value (at 31st March, 1951)—£624,709

Sum represented by 1d. rate (at 31st March, 1951)—£2,400 approx.

Birth rate per 1,000 population—15.6

Death rate per 1,000 population—12.9

Natural increase—231.

Infant mortality rate per 1,000 live births—34.4

Neo-natal mortality rate per 1,000 live births—18.7.

Still birth rate per 1,000 births—21.7.

Deaths from notifiable infectious diseases (other than tuberculosis)—3.

Deaths from diarrhoea (under 2 years)—1.

Deaths from pulmonary tuberculosis—28.

do. do. non-pulmonary tuberculosis—5.

do. do. cancer—177.

do. do. circulatory diseases—494.

do. do. pneumonia and bronchitis—89.

do. do. violent causes—31.

Deaths under four weeks—25.

Maternal deaths—1.

Deaths of persons 65 years and over—62% of all deaths.

Deaths of persons 75 years and over —35% of all deaths.

Births and Deaths, 1950 :—

Live births:

Legitimate ... 1,258 (males—639 ; females—619)

Illegitimate ... 80 (males— 42 ; females— 38)—

Still births—29.

Deaths—1,107 (males—610 ; females—497).

Death Rate of Infants under One Year.

All infants per 1,000 live births	34.4
Legitimate infants per 1,000 legitimate live births	34.2
Illegitimate infants per 1,000 illegitimate live births	25.0
Neo-natal death-rate per 1,000 live births	18.7
Still birth-rate per 1,000 births	21.7

Inquests held—54.

Uncertified deaths—22.

Deaths in institutions — 394 (including 44 in institutions outside the Borough. This is equivalent to 35.6% of all deaths compared with 34.1% in 1940).

TABLE I.

Comparable Table of Vital Statistics, 1931—1950.

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
1931	72,750	15.3	15.8	12.5	12.3	73	66
1932	72,820	15.6	15.3	11.2	12.0	67	65
1933	73,340	13.8	14.4	12.0	12.3	67	65
1934	74,550	14.8	14.6	10.8	11.8	60	59
1935	75,300	14.8	14.7	12.2	11.7	59	57
1936	75,500	15.5	14.8	12.7	12.1	58	59
1937	75,620	15.1	14.9	12.9	12.4	58	58
1938	75,930	15.8	15.1	12.9	11.6	56	53
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,710	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30

* Rate Per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II.

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Piermont	Central	North-East	Eastbourne	West	South	TOTAL	Inward Transfers	GRAND TOTAL
1 Typhoid and paratyphoid fevers
2 Cerebro-spinal fever	1	...	...	...	...	...	...	...	...	...	1	...	1
3 Scarlet fever
4 Whooping cough
5 Diphtheria
6 Tuberculosis of respiratory system	6	5	1	...	1	3	4	...	3	23	5	28
7 Other forms of tuberculosis	1	2	...	...	...	...	...	...	...	3	2	5
8 Syphilitic disease	1	...	...	...	...	...	1	1	2
9 Influenza	1	...	...	...	2	...	...	...	...	3	...	3
10 Measles	1	...	...	...	...	...	...	...	...	...	1	...	1
11 Acute poliomyelitis and polioencephalitis
12 Acute infectious encephalitis	1	1
13M Cancer of buccal cavity and œsophagus	1	...	...	...	...	1	...	...	...	...	2	...	2
13F Cancer of uterus	1	...	1	...	1	...	...	1	1	5	...	5
14 Cancer of stomach and duodenum	2	...	2	2	3	4	4	5	1	3	26	2	28
15 Cancer of breast	2	...	1	2	...	...	2	1	4	2	14	1	15
16 Cancer of all other sites	12	9	10	8	11	15	14	14	13	13	119	8	127
17 Diabetes	2	...	1	...	1	1	1	1	7	...	7
18 Intra-cranial vascular lesions	1	3	4	5	...	3	3	7	5	13	44	4	48
19 Heart disease	20	8	21	14	15	8	15	24	16	18	159	19	178
20 Other diseases of the circulatory system	25	10	36	22	19	30	26	33	25	33	259	9	268
21 Bronchitis	5	4	2	5	3	13	7	7	2	5	53	1	54
22 Pneumonia	6	2	2	3	1	4	2	8	3	2	33	2	35
23 Other respiratory diseases	3	2	2	1	1	1	3	4	5	1	23	...	23
24 Ulceration of the stomach or duodenum	1	...	3	...	...	2	1	2	3	...	12	1	13
25 Diarrhœa (under 2 yrs. of age)	1	...	...	...	1	...	1
26 Appendicitis	2	...	...	...	...	...	1	3	...	3
27 Other digestive diseases	2	...	4	4	1	2	1	4	2	4	24	1	25
28 Nephritis	2	3	1	1	1	...	...	5	1	14	...	14
29 Puerperal and post-abortive sepsis
30 Other maternal causes	1	...	...	...	...	...	...	...	...	1	...	1
31 Premature birth	2	2	2	1	2	2	2	3	2	1	19	...	19
32 Congenital malformations, birth injury, infantile disease	2	1	...	1	...	3	2	1	1	1	12	1	13
33 Suicide	1	...	...	1	...	2	...	1	2	1	8	1	9
34 Road traffic accidents	2	1	1	...	...	2	1	1	...	...	8	3	11
35 Other violent causes	3	...	...	2	2	...	1	1	1	...	10	1	11
36 All other causes	17	9	14	21	8	11	14	15	17	18	144	12	156
TOTALS	109	63	116	97	69	108	103	136	109	122	1032	75	1107

The deaths occurred at the following ages :—

Under 1 week	...	22	1— 2 years	...	6
1— 2 weeks	...	1	2— 5 „	...	6
2— 3 „	...	0	5—15 „	...	9
3— 4 „	...	2	15—25 „	...	14
1— 3 months	...	7	25—45 „	...	75
3— 6 „	...	9	45—65 „	...	285
6— 9 „	...	3	65—75 „	...	276
9—12 „	...	2	75 years and upwards	...	390
		Total 46			

TABLE III.

Seasonal Incidence of Deaths Under 1 Year, 1950.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	16	6	6	18	46
Influenza	...	...	...	1	1
Bronchitis	1	...	...	1	2
Pneumonia (all forms)	4	...	1	5	10
Gastro-enteritis	...	...	...	1	1
Injury at Birth	1	...	...	3	4
Atelectasis	1	...	...	...	1
{ Congenital Malformations	2	...	...	2	4
{ Premature Births	7	5	3	4	19
{ Atrophy, Debility and Marasmus	...	1	...	...	1
Other Causes	...	...	2	1	3

TABLE IV.

Infant Mortality, 1950.

Net deaths from stated causes at various ages under one year of age.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks 3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes { Certified	22	1	...	2	25	7	9	3	2	46
{ Uncertified	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	1	1	1	1
Bronchitis	...	...	...	...	...	...	1	1	...	2
Pneumonia (all forms)	1	...	...	...	1	5	2	1	1	10
Gastro-enteritis	...	...	...	...	...	...	1	...	...	1
Injury at Birth	4	...	...	...	4	...	...	...	...	4
Atelectasis	1	...	...	...	1	...	...	...	...	1
{ Congenital Malformations	1	...	...	...	1	...	3	...	...	4
{ Premature Birth	15	1	...	2	18	1	...	...	...	19
{ Atrophy, Debility and Marasmus	...	...	...	...	...	1	...	...	...	1
Other causes	...	...	...	...	...	...	2	1	...	3
TOTAL	22	1	...	2	25	7	9	3	2	46

TABLE V.

Mortality among Children, 1-5 years and Children of School Age.

Causes of Death	1	2	3	4	To't 1-5	5	6	7	8	9	10	11	12	13	14	To't 1-15
Road Accidents														1		1
Measles	1				1											1
Pneumonia	1				1	1	1									3
Pneumococcal Meningitis ..		1			1											1
Tuberculous Meningitis...			1		1	1				1						3
Acute Miliary Tuberculosis															1	1
Acute Pulmonary Tuberculosis										1						1
Acute Cellulitis		1			1											1
Rheumatic Fever				1	1											1
Acute Rheumatic Pericarditis								1								1
Pink Disease	1				1											1
Convulsions	1				1											1
Intracranial Tumour				1	1	1										2
Malignant Tumour of Adrenal Gland	1				1											1
Congenital Deformity of Heart			1		1											1
Congenital Deformity of Throat	1				1											1
TOTAL	6	2	2	2	12	3	1	1	..	2	...	...	...	1	1	21

TABLE VI.

Still Births, 1950.

All stillbirths	29	Born in hospital ...	22	Born at home ...	7
Sample analysed	27	„ „ ...	22	„ „ ...	5

Causes—**Congenital abnormalities—**

Anencephaly	4
Hydrocephaly	1
Cyclopism	1

Maternal Causes—

Toxaemia of pregnancy ...	4
Other intercurrent illness ...	1
Rhesus factor	2

Difficulties at Term and in Labour—

Placenta praevia... ..	2
Malpresentation... ..	3
Rigid cervix	1
Delayed second stage	1

Instantive death of a twin, cause unknown—3

Other unknown causes—4

TABLE VII.
1950 Cancer Deaths — Parts of Body Affected.

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mouth and Throat	1	1	3	...	1	...	5	1
Gastro Intestinal	1	6	6	12	11	23	11	13	15	54	44
Genito Urinary	2	1	2	2	3	4	6	4	...	11	13
Breast	1	...	4	...	6	...	3	...	1	...	15
Bones	1	...	...	...	...	1	1	...	...	...	1	2	2
Glands	1	1	...	...	...	...	...	...	...	...	1	1	2
Thorax	2	1	4	...	7	...	5	...	1	18	2
Skin, etc.	1	...	...	1	...	2	...	3	1
Brain	1	1	...	...	1	...	...	...	...	...	...	2	1
TOTAL	...	3	2	2	5	12	13	23	22	36	20	20	19	81

Commentary.—It is the aim of preventive medicine that all should die of old age and every death from some other cause is regarded as an accident that ought to have been prevented. While it is certain that this ideal will never be reached in practice, the continued evidence of survival to later ages of so large a proportion of the population as shown by the foregoing tables is a matter for congratulation: 62% of all deaths were at ages of 65 and over in 1950 and 35% at ages of 75 and over, the same percentages as in 1949. As would be expected from these figures, the degenerative conditions represented by diseases of the heart and blood vessels and the obscure perversion of cellular life showing itself as cancer, were the overwhelming frequent causes of mortality, accounting for 671 of the total of 1,107 deaths (60.6%). Compared with these, specific infectious diseases including pneumonia and tuberculosis, accounted for only 77 deaths, less than 7% of the total. A certain number due to degenerative vascular lesions could, no doubt, be regarded as physiological, the result of fair wear and tear, but cancer is always pathological and many diseases of the heart and blood vessels equally so.

Of disease at earlier ages, it is satisfactory to note an improvement in the infant mortality rate as compared with last year, though with a figure of 34.4 per 1,000 live births, Darlington is notably worse than England and Wales, with a rate of 29.8, or than 126 County Boroughs and great towns with a rate of 33.8. It is difficult to account for this, as social conditions in the town certainly do not compare unfavourably with those of other industrial boroughs, and the standard of maternal care for children is averagely high. The tendency for a disproportionate mortality in the first and last quarters of the year, illustrated in Table III above, may indicate that the fault is to be traced to some extent to climatic conditions, which Darlington shares with the rest of the North-East.

The other Tables should be self-explanatory and do not call for special comment except to record the occurrence of a case of cyclopism among the still-births. Though the characteristic feature of this curious condition, a single, centrally placed and circular eye, was absent—the foetus was in fact eyeless—the other details of its appearance, including the frontal “trunk”, were so suggestive that little hesitation was felt in making the diagnosis.

SECTION B.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.**§ 1. GENERAL.**

The following table shows the incidence of infectious diseases and also their disposal to the Isolation Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1950 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted as well and are included with "M" cases in the Table.

The relation of the Health Department with Hundens Hospital, or Unit as it has more recently been called, was clarified in 1950 by the formal appointment of your Medical Officer of Health as Consultant Physician in Infectious Diseases by the Newcastle-upon-Tyne Regional Hospital Board thus making him clinically responsible for the in-patient care of those suffering from such disorders. A notional two sessions per week was claimed for this work which theoretically extended not only outside the boundaries of Darlington but outside those of the Darlington and District Hospital Management Committee. Reimbursement at consultant rates was paid for this work, but not by a separate contract, your Medical Officer of Health preferring to remain wholly the servant of the Council and loaned by mutual agreement to the service of the Board. A resident Medical Officer was installed at Hundens for the day-to-day work of the wards there, including the cubicle block, where, under present conditions, it is possible to accommodate all the cases of infectious disease.

TABLE VIII.

Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Isolation Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	73	...	...	...	45	...	...	...	32	9	...	...
Diphtheria	4	...	...	...	4	...	...	...	...	...	...	...
Typhoid and Para-typhoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	9	...	1	...	4	...	1	...	3	...	...	...
Ophthalmia Neonatorum ...	9	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	19	...	...	...	3	...	...	...	1	...	...	...
Babies with Mothers ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	30	...	35	...	7	...	1	...	2	2	...	...
Measles	810	...	1	...	8	...	1	...	8	21	...	...
Pulmonary Tuberculosis ...	74	...	28	...	48	...	5	...	14	...	1	...
Other forms of Tuberculosis	7	...	5	...	3	...	2	...	...	...	...	...
Whooping Cough	235	...	...	...	9	...	...	...	4	3	...	...
Cerebro-spinal Fever	3	...	1	...	3	...	...	...	...	...	...	...
Malaria	1	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis ... ..	...	...	...	...	...	...	...	...	14	...	3	...
Dysentery	221	...	...	...	2	...	...	...	4	3	...	...
Food Poisoning	18	...	...	...	1	...	...	...	1	...	...	...
Encephalitis	1	...	...	...	1	...	...	...	1	...	...	...
Other Conditions	32	...	...	...	32	...	1	...	30	43	...	...
Totals ...	1546	...	71	...	170	...	11	...	114	81	4	...

The difference between the proportion of notified cases of scarlet fever (61.64%) and those of measles and whooping cough (1.0% and 3.8% respectively) admitted to hospital remains as marked as last year and the comment made on the subject in the Report for 1949 is still relevant. It is to the effect that while scarlet fever remains the mild infection that it is at present, cases should ordinarily be excluded from hospital, their place being taken by severe complicated cases of whooping cough. The policy over measles requires no change as the disease is still in a mild phase and, thanks to new therapeutic weapons, its complications, when they occur, are much less formidable than formerly. One case of encephalitis complicating measles was admitted to hospital during the year. This relatively rare condition cleared up without sequelae. There was, however, one death from the complication of broncho-pneumonia.

To the country generally poliomyelitis returned in 1950 on a scale greater than in 1949 and hardly less than in the epidemic year of 1947. This was reflected in the admissions to Hundens Unit, some of whom were fatally ill. No case however was admitted from nor notified within the County Borough of Darlington. It is regrettably necessary to regard this as a phenomenon due to chance and not to any local

preventive measures or to the special healthiness of the locality. As is well known, nothing is known about the prevention of poliomyelitis and it tends to be most prevalent in areas whose healthiness by all other standards is of a high order.

There were a few cases of food poisoning in Darlington during the year. There is of course a very wide range for notification in this matter, as under Section 17 of the Food and Drugs Act, 1938, practitioners are called upon to notify suspected as well as established cases to the Medical Officer of Health. There is, moreover, a standing direction to make a special report on all such cases to the Ministry of Health at the end of each year, and an epitome of the report for 1950 follows here.

Outbreaks due to identified agents	...	...	...	None
Outbreaks of undiscovered cause :				
Number of outbreaks	...	...	...	3
Total cases	...	...	...	10
Single cases :				
Agents identified	...	...	...	1
Unknown causes	...	...	...	7
Total cases	...	...	...	18

Considering the unidentified outbreaks, four persons in each of two households and two persons in another household were affected. They showed all or some of the common symptoms of the condition, vomiting, abdominal pain and diarrhoea, with varying degrees of prostration. A careful enquiry into food eaten revealed no suspicious item and no samples were sent for further investigation. Samples of faeces and vomit yielded no suggestive evidence in any case and in all cases the diagnosis of food poisoning was retained after due deliberation on clinical grounds, as it was the most likely cause of the symptoms.

The single patient with an identified agent was found to be suffering from an infection from the food poisoning organism *Salmonella typhi-murium*. After recovery from symptoms of sufficient severity to lead to his admission to hospital he continued to excrete the organism for some weeks. Another member of his family was found to be a symptomless carrier and she also continued to excrete the organism after discovery, in her case for some months. While they were known to be carriers both these persons were instructed in careful hygiene and pursued their normal avocations without restrictions, though of course neither was engaged in food handling outside their own home. No source of their infection was found.

Altogether 221 cases of dysentery were notified (corrected figure) during the year and of these 218 occurred during the last quarter. These were due to *Shigella Sonnei*, but they represented by no means

the whole of the cases of diarrhoea, mild for the most part, prevalent in the town towards the end of the year. Information of some deviation from the normal first reached the Health Department with regard to an outbreak of diarrhoea at a private boarding school for girls. Investigation led to no positive result. At the same time a similar outbreak occurred among patients and nurses in the children's ward of the Memorial Hospital, which again was bacteriologically negative and was put down to a virus infection. No-one was seriously ill. There was considerable hearsay of diarrhoea in the town generally, but during the five weeks ending 4th November no notifications of dysentery were received and only 2 of food poisoning. On 30th October the Health Department was informed of 30 absentees from the High School for Girls because of diarrhoea and it was soon discovered that the degree of illness was more severe than hitherto. Two patients were admitted to hospital, one suspected of suffering from acute appendicitis. Bacteriological examination of stools yielded *Sh. Sonnei* and a vigorous investigation was made to discover the source, not unexpectedly with completely negative results. The co-operation received from everybody concerned, contacts of pupils, teachers and domestic staff, was excellent. When the outbreak at the High School was definitely on the wane the visiting practitioner to the boarding school mentioned above informed the Department of a relapse there. It was found that 21 girls had been affected and the same investigations were put in train as at the High School, but it was impossible here to obtain equal co-operation from the domestic staff. The outbreak also appeared to be due to *Sh. Sonnei*, but no clue directly relating it with the High School, or relating the High School with the earlier unidentified outbreak at the boarding school was discovered. Contacts, however, at teacher level and to some extent the pupils existed and a few day girls go to the boarding school from the town. We may believe, however, that these were expressions within defined communities of a much wider disturbance. The Headmistress of a Senior Modern School remarked on the incidence of diarrhoea among her pupils and another school in the town was mentioned as being affected, but there were no notifications and no excessive absence from this cause. By the end of the year the situation had returned almost to normal. The investigations and the results obtained are summarised as follows. Throughout the period of incidence the practitioners of the town were kept informed of the total notifications each week by means of the bulletin letter sent to them as a routine from the Health Department and the progress of the epidemic as far as known to the Health Department was described to them. Thus it can be believed that any practitioner marking any special epidemiological feature would have reciprocated by informing this Department. This is not the place to speculate on the meaning of the outbreak, but as *Sh. Sonnei* may be presumed to be always present among the population a rich field for enquiry is what factors operate to increase the susceptibility of the people and or the virulence of the organism. Since many cases may not in fact have arisen from this source, the question of susceptibility would seem the more important.

TABLE IX.

Dysentery at Schools.**A. High School Outbreak.**

1.	Number of ex patients who submitted stools	...	...	136
2.	Number of positive <i>sonnei</i> (individual patients)	...	...	71
3.	Number of others at school who submitted specimens (Cooks)	...	...	7
4.	Number of others at school positive	...	...	Nil
5.	Number of outside contacts who submitted specimens :			
	(a) Cooks' relatives	...	...	9
	Number positive	...	...	Nil
	(b) Pupils' relatives	...	...	3
	Number positive	...	...	1

B. Boarding School Outbreak.

1.	Number of ex patients who submitted stools	...	...	21
2.	Number of positive <i>sonnei</i> (individual patients)	...	...	18
3.	Number of others at school who submitted specimens	...	...	46
4.	Number of others at school positive	...	...	Nil
5.	Number of outside contacts who submitted specimens	...	...	Nil
6.	Number of outside contacts positive	...	...	Nil

C. Persons Unconnected with Either Outbreak.

1.	Number of patients notified	...	...	41
2.	Number of patients positive	...	...	12
3.	Number of contacts whose stools were examined	...	...	114
4.	Number of contacts whose stools were positive	...	...	10
5.	Number of persons who without notification submitted stools	...	...	40
6.	Number of persons who without notification submitted stools positive	...	...	3

The following table shows the distribution of notifiable infectious diseases among the wards of the County Borough.

TABLE X.
1950—Infectious Diseases in Wards.

DISEASE	Harrowgate Hill	North Road	Cockerton	Pierremont	Northgate	Central	North East	East	West	South	TOTAL
Scarlet Fever	5	7	5	3	5	4	20	11	5	8	73
Diphtheria	1	...	...	...	...	1	...	1	...	1	4
Whooping Cough	32	17	26	3	14	19	28	48	17	31	235
Measles	96	47	112	38	44	60	99	166	80	68	810
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...
Encephalitis ... ..	...	...	1	...	...	...	...	...	...	...	1
Malaria ... ..	...	1	...	...	...	...	...	...	...	...	1
Acute Pneumonia	2	1	3	3	1	4	5	4	3	4	30
Cerebro-Spinal Fever	1	...	...	...	...	...	1	...	...	1	3
Erysipelas ... ..	...	1	...	...	1	...	1	4	...	2	9
Puerperal Pyrexia	2	...	...	17	...	...	...	...	...	...	19
Ophthalmia Neonatorum ... ..	...	...	...	7	...	2	...	...	...	...	9
Dysentery	26	9	12	15	13	4	11	34	69	28	221
Food Poisoning	2	...	2	4	5	3	1	...	1	...	18
Others	4	2	3	4	1	2	5	8	...	3	32
Pulmonary Tuberculosis... ..	7	4	10	6	5	6	8	18	2	8	74
Non-Pulmonary Tuberculosis	1	...	2	2	...	...	...	1	1	...	7
TOTAL	179	89	176	102	89	105	179	295	178	154	1546

§ 2. IMMUNISATION AND VACCINATION.

No special propaganda was undertaken during the year and the measures described in last year's Report in respect of advertising and endeavouring to secure the use of the available amenities remained as before, including the distribution of Birthday Cards, and individual influence by health visitors at baby clinics. From a study of the figures it appears that more than twice as many persons were vaccinated in 1950 as in 1949, a satisfactory advance though much less than was desirable, and also the number of children inoculated against whooping cough has doubled, though without any special effort made in this direction. Figures for immunisation against diphtheria remained much as before. Following the unhappy sequelae of cases of smallpox introduced from abroad, a special effort was made to secure the vaccination or re-vaccination of all personnel, sanitary inspectors, nurses and others, who in the nature of their calling were likely to come in contact with cases, perhaps wrongly diagnosed. Since vaccination is wholly voluntary the results depended upon the ability with which the case was presented and the responsiveness of the personnel at risk. All likely to be affected were advised of the need and the response among many, for instance the nursing and other staff at Hundens Unit, was very good. It cannot be over-emphasised that smallpox remains a most virulent disease and the rapidity of modern transport can allow the importation of a patient while still incubating it. Moreover, recent but not up-to-date vaccination can confer sufficient immunity to modify the disease so greatly that even the experts can be deceived. Thus, as has happened in two recent outbreaks, several people have become infected from a missed case.

TABLE XI.

Immunisation Against Diphtheria.

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	Private Practitioners	T	Health Department	Private Practitioners	T
Under 5 years ...	538	184	722	116	4	120
5 to 14 years ...	145	13	158	382	23	405
TOTALS ...	683	197	880	498	27	525

TABLE XII.

Vaccination Against Smallpox.

	Age at date of Vaccination	Under 1	1—4	5—14	15 or over	Total
Health Department	Vaccinated ...	110	14	7	42	173
	Re-vaccinated ...	—	—	1	92	93
Private Practitioners	Vaccinated ...	67	12	15	24	118
	Re-vaccinated ...	—	4	3	51	58
	TOTALS ...	177	30	26	209	442

TABLE XIII.

Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 yea.	1—4 years	5—14 years	
Health Department ...	—	7	—	7
Private Practitioners ...	16	54	—	70
TOTAL ...	16	61	—	77

The following table shows the relative number immunised and vaccinated during the last six years:—

TABLE XIV.

Immunisation and Vaccination: Comparative Figures.

	1945	1946	1947	1948	1949	1950
Immunisation, Children under 5	531	655	686	1072	992	722
Immunisation, Children 5—15 years	191	456	325	176	253	158
Vaccination, Infants	357	351	464	285	125	207

Inoculations against Tropical Diseases.

Since the beginning of the year facilities have been available at the Health Department for the protective inoculations recommended to those travelling abroad.

In all, thirty-seven inoculations were given, details of which are as follows:—

Typhoid & Paratyphoid (T.A.B.)	...	...	29
Cholera	...	...	4
Tetanus	...	...	4

Yellow Fever inoculations may now be obtained by appointment at the Central Clinical Laboratory, Middlesbrough, and it is no longer necessary for persons to travel as far as Newcastle-on-Tyne.

§ 3. TUBERCULOSIS.

No special advance can be claimed during 1950 under this head. This was partly due to uncertainty as to the future of the service in the Darlington area pending the appointment of a whole-time Chest Physician. Dr. Gilbert Walker was appointed to this post in October, and took up his duties early in 1951. During 1950, Dr. D. J. Campbell continued to act as Chest Physician, and co-operation was maintained as in previous years with him in respect of the prevention, community care and rehabilitation of tuberculous patients. Miss A. Thornton, the Tuberculosis Health Visitor, returned to duty after a long sick-leave in May and was warmly welcomed back to her duties by all concerned.

The mandatory responsibilities of the Local Health Authority with regard to tuberculosis in respect of home care continued to be carried out by the Voluntary Care Committee whereon were represented both the Council and a number of philanthropic organisations, and which received a grant this year of £350 from the Local Health

Authority for the various forms of assistance in kind given to patients. The Care Committee appointed as usual from its members ward visitors who kept in touch with the patients in their district and acted as social advisers in addition to the Tuberculosis Health Visitor. Close co-ordination with the Health Department was further secured by the appointment of the Medical Officer of Health as Honorary Secretary of the Care Committee and of Mr. I. Burnley as Deputy Secretary.

The following tables illustrate the situation with regard to tuberculosis in the Borough.

TABLE XV.

Age Distribution of Notifications.

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Pulmonary ...	M.	3	1	9	10	4	8	10	3	48
	F.	—	3	18	12	5	2	1	2	43
Non-pulmonary ...	M.	—	4	2	1	—	—	—	—	7
	F.	1	1	1	—	—	—	—	—	3

No commentary upon tuberculosis would be complete without a reference to tuberculous meningitis, from which fell condition three deaths were reported during 1951. Though the introduction of antibiotic treatment with streptomycin has given some hope to the prognosis of what hitherto had been a hopeless condition, results are often, as in our local experience, disappointing and the patient lingers on for weeks or months to a fatal termination. During much of this time he can be said to be no more than existing and may be conscious of neither pain nor discomfort, but where, as is often the case, the patient is a child, the suffering of the parents is the more acute.

Though numbers are too small to be able to claim an increase in the incidence of tuberculous meningitis, it certainly remains a menace and as it is one of the responses of an unprotected person without developed immunity to a heavy or prolonged dose of the tubercle bacillus, it is especially liable to occur among children who, because of housing difficulties or of shortage of hospital beds or of present hospital policy to exclude from such beds as there are, patients, however dangerous to others, whose personal chances of improvement are small, are in close contact with "open" cases of the disease and are day and night absorbing into their bodies the active germs of illness.

Of the four patients who died in Darlington, two children came from families where there was no known tuberculosis contact and in the case of a youth of 17 there was no clear evidence as to the source of infection. The fourth case, where a fatal issue was again unfortunately the sequel, though not in Darlington, was of a child of 9 years who lived at home with a tuberculous father. At first he responded well to treatment and after a prolonged course of streptomycin was sent away to a convalescent home. There he relapsed and in spite of further treatment at Newcastle, died at the end of the year.

Owing to a change in the methods of record-keeping at the Tuberculosis Dispensary, it has been found impossible this year to extract the information needed to provide the Table showing the analysis of patients on the Register with reference to their being at work or away from it, sputum positive or negative. It is hoped to supply similar, or better details next year.

§ 4. **VENEREAL DISEASE.**

Much less thought seems in general to have been given to the close co-ordination of the preventive and social welfare aspects of venereal disease with the curative service than in the case of tuberculosis, though the two situations have much in common and the Local Health Authority is as naturally concerned with and should be responsible for the social causes and effects of the one group of diseases as of the other. Pathologically the two dangerous venereal diseases, syphilis and gonorrhoea, are quite distinct and have nothing in common save the means by which they usually spread. Socially, however, they constitute one problem. During 1950 Dr. E. Campbell was appointed as Consultant Venereologist in the Darlington area and early showed a great interest in the wider context of his speciality. He stated to your Medical Officer of Health that he regarded the social side of his work to be more than 50% of the whole of it and indicated the need of a health visitor or social worker who should be engaged in contact tracing, in the persuasion of defaulters and environmental investigations generally. As patients frequently have contacts and may themselves live at and default from addresses outside the town, the worker engaged on such duties would necessarily need to have a roving commission not limited by the boundaries of Local Health Authorities, and before the end of the year preliminary discussions had taken place with the Local Health Authorities of Durham and the North Riding County Councils with regard to a joint appointment. Nothing more than expressions of agreement in principle were reached and meanwhile Miss E. Winch, the Senior Health Visitor, was allocated to attend at the Monday afternoon venereal diseases clinic and to co-operate with Dr. Campbell as much as possible.

Of the 329 new patients treated during 1950, 210 resided in Darlington and they were found to be suffering from syphilis in 36, gonorrhoea in 60 and from other conditions, for the most part not requiring treatment, in 114 instances. Ministry of Health Form V.D. (R) (1950), from which this information was obtained, does not show a breakdown in sex distribution for Darlington alone, but the same findings may reasonably be expected as among the total number of patients which showed that of the new cases of syphilis 58% were male and 42% female and of new cases of gonorrhoea 88.2% were male and 11.8% female. Among the other conditions also the predominant proportion were males.

If these figures be compared with those for a pre-war year, say 1938, it is apparent that little improvement has occurred, for then a total of 204 Darlington patients attended the clinic, of whom 42 suffered

from syphilis and 70 from gonorrhoea. The intervention of the war and the unsettled period following it may be held to account for smallness of such improvement that can be observed, but war or no war there is no evidence that sexual promiscuity is at all less among the population, of which the incidence of venereal disease, as of illegitimacy is no index in these days when the most popular form of contraceptive appliance gives reasonable protection against pathological incidentals as well as the natural end of intercourse.

It is hoped to be able to report more fully on the local sociology of venereal disease at some future date, but meanwhile it is apparent that much damage is done by a hard core of women whose names are well known to the health visitors and at the clinic and who do indeed from time to time receive treatment, but whose endurance of the slight inconvenience incurred by no means matches their obstinacy in bad living and who soon become re-infected even if their treatment is ever brought to a satisfactory conclusion.

SECTION C.

MENTAL HEALTH.

In Circular 250 of 25th January, 1950, the Ministry of Health has defined headings under which the report of the work of the Local Health Authority in respect of mental health should be given.

Administration.—The Mental Health Sub-Committee was a Sub-Committee of six members of the Health Committee with the same Chairman, Alderman A. J. Best, and included the one co-opted medical practitioner. There were no other co-opted members. The meetings were held quarterly in January, April, July and October, when reports of the work carried out during the previous three months were submitted and matters of policy discussed.

The names of staff will be found in the list at the beginning of the Report. Most of the work of visiting patients in their homes with the Duly Authorised Officer for purposes of certification and otherwise was carried out by Dr. Bishop. The Duly Authorised Officer, who before the Appointed Day had been employed as Relieving Officer by the Public Assistance Department and still carried out duties for the Welfare Department, was assisted when necessary by a woman Welfare Officer who, in his absence, acted as Duly Authorised Officer. These Officers were wholly concerned with the ascertainment, certification if necessary and disposal of patients suffering from mental illness (dementia). A change in organisation of far reaching consequence took place during 1950, consequent to the resignation of Miss E. Black during the course, and of the Duly Authorised Officer, Mr. W. W. Davison, at the end of the year. It was decided to unify the two branches of the service and to that end Mr. C. W. Price was appointed with effect from 1st September, in the first instance as Mental Welfare Worker for the mentally deficient and later as Duly Authorised Officer and Social Worker among those suffering from unsoundness of mind. During the last four months of the year he understudied Mr. Davison in his duties and became fully acquainted with the circumstances of the feeble minded or less well endowed persons on the lists of the Department. The full effect of this change was not apparent during the period of this Report, though considerable progress was already appreciable. Two women, Mrs. J. Paxton and Mrs. F. Pinchen, the former a qualified teacher, were also employed for ten sessions per week in charge of the Occupation Centre.

With regard to co-ordination with the Regional Hospital Board and the Hospital Management Committee, there is nothing to remark additional to what was contained in the Report for last year. Supervision of patients on licence was continued and no duties were delegated to voluntary associations. Mr. H. R. Kirk remained Petitioning Officer.

The work undertaken in the community is summarised as follows;

TABLE XVI.

ASCERTAINMENT AND VISITS, MENTAL ILLNESS AND DEFICIENCY.

(a)	Work under Section 28, National Health Service Act (Prevention, Care and After Care)	...	...	...	Nil
(b)	Work under Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers				
	Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients)	...	...	...	24
	Patients dealt with under Section 5, Mental Treatment Act (Temporary patients)	...	...	...	8
	Patients dealt with under Section 16, Lunacy Act (Certified patients)	...	...	...	26
	Other patients (not certified, transferred, etc.)	...			23
				Total	81
(c)	Work under the Mental Deficiency Acts, 1931-1938				
	Number of mentally defective patients ascertained				4
	Number of such persons awaiting vacancies in institutions at end of year	...	...	...	5
	Number of mentally defective persons under guardianship	...	...	...	3
	Number of such persons under statutory supervision				108
	Number in training :				
	At home	...	...	...	—
	At Occupation Centre	...	...	25	25

(These figures do not include persons under voluntary supervision, of whom there were 106 on the register of the Health Department, 2 being ascertained during the year).

Where mentally defective persons were concerned, some improvements took place during the year. A better arrangement was reached for the supply of mid-day meals at the Occupation Centre at "The Poplars", Northgate, whereby the Education Committee undertook to provide them on all whole school days. The problem of incidental holidays was met by opening the Centre on the afternoons of those days only. This change is for the better because it is not now necessary to bring meals into the Centre and the difficult and dangerous crossing of Northgate (Road A.1) is avoided. The service previously received from Messrs. Murray was much appreciated. Another development was the establishment at the Handicraft Centre, Greenbank, of classes for the instruction of a few (4) feeble-minded males in simple skills. With the opening of the Occupation Centre for morning as well as afternoon sessions, Mrs. J. Paxton was no longer able to give any time to home teaching and this was taken over by Miss E. Black while she remained on the staff. With her resignation, the service lapsed and was a question to be answered, perhaps, by the appointment of a suitable female assistant to Mr. Wilson in therapeutic handicrafts.

The relatively high cost of the Occupation Centre continued to exercise the Committee, since in view of the small number attending,

on average 6 in the morning and 13 in the afternoon, the overheads were heavy. It has to be recognised that in the present premises a greater number could not be accommodated and it was agreed that the value of the service to those who received it justified the expense.

It may be worth giving an outline of what a health service is conceived to be for persons recovering from or suffering from incipient mental derangement, a section of the work holding great promise of development but as yet little explored. In the first place, the Duly Authorised Officer must regard himself as primarily a social worker, with his duties in connection with the certification of patients needing hospital care a very minor part of his total interests. A close liaison would need to be maintained with the medical staff of the local mental hospital, in relation to whom he would fill a position analagous to that of the tuberculosis health visitor with the chest physician. Their confidence in him would be essential before any real co-operation was reached. A difficult task and one demanding the highest personal character faces the Duly Authorised Officer at the onset of his task as a social worker, for it is also necessary for him to be accepted as the friend of the patient, his first contact with whom may have been to secure his unwilling admission to a mental hospital. On discharge, he must make contact again, this time armed with a report of progress and prognosis from the psychiatrist in charge of the case, and make a very comprehensive appreciation of the total environment of the patient, to see how far and in what directions the principles of rehabilitation suitable to his particular problem can be applied to his individual circumstances. That this would be a task requiring diplomacy, patience, a wide range of useful contacts among many sections of the community and resourcefulness needs no emphasis.

Even more important than rehabilitation, is preventive action. As a general problem, mental illness extends beyond medicine and is, at least to a great extent, involved with the pattern of life and philosophy of the community at large. It has been said that the majority of people at some time or other in their lives are potentially deranged. While such derangement is as yet only threatening is the time when external help is of greatest preventive value and the social worker could play his most useful part. In proportion as he became known as a welcome friend in the rehabilitation of past patients, so he would be recognised as knowledgeable in all aspects of mental well-being and his advice would be sought at an early stage. From his personal observations, from information available to him from other workers in the department, notably the health visitors, from his associations outside, he would need to decide on courses of action likely to be beneficial, including whether and what further advice was necessary, and to recommend accordingly.

Your Medical Officer of Health could hardly pay a higher compliment to the work of your present Mental Welfare Worker, Mr. C. W. Price, than to say that he believes him to be capable of developing a good service along these lines. But time is the enemy; there are only twenty-four hours in any day. The Local Health Authority will in due course have to decide to what extent they are willing to increase the personnel of this branch of their Health Department,

SECTION D.

MATERNITY AND CHILD WELFARE.**§ 1. MATERNITY SERVICES.**

The establishment of midwives remained as in previous years. Miss E. Dempsey resigned her post as Superintendent Midwife in order to take up a similar post in her home town of Middlesbrough and Miss N. M. Everitt was appointed in her place. As the proposed hostel accommodation at 72 Woodland Road remained unavailable, though the necessary permits were obtained and work began on its adaptation at the end of the year, residential accommodation was made available for Miss Dempsey and Miss Everitt in a flat owned by the Corporation at 30 Station Road. Of the five district midwives, including a midwife exclusively used for relief duties, four lived at their homes and one resided with the four pupils attending the Part II Training School at the Queen's Nurses' Association Hostel. This arrangement was unsatisfactory when, as occasionally happened, problems of overlap and hence overcrowding arose, but it was endured pending the making ready of the hostel. Applications for training in the Part II School continued to be received and the establishment of four pupils was maintained throughout the year, for whom there was a sufficiency of work to provide their needed cases. Each pupil was attached to the special care of a domiciliary midwife. The work carried out during the year is summarised in the following table.

TABLE XVII.

Maternity Cases Attended by Midwives, 1950

Domiciliary cases attended by midwives employed by the Authority,				
As midwives	...	...	—	290
As maternity nurses	...	...	—	147
Institutional cases attended by midwives employed by the Hospital Management Committee,				
As midwives	...	...	—	1,057
As maternity nurses	...	...	—	60
Cases attended by midwives in private practice (including at Nursing Homes),				
As midwives	...	...	—	—
As maternity nurses	...	...	—	125
Total cases attended by all midwives,				
As midwives	...	...	—	1,347
As maternity nurses	...	...	—	332

From these figures it is apparent that 73.7% of the mothers were confined institutionally.

Ante-Natal Clinics.

Ante-natal clinics continued to be held at Greenbank Hospital, Albert Road School House and Eastbourne Nursery. An additional clinic was opened at the Cockerton Methodist School Rooms. The premises were not well adapted to the purpose, but were the best available in a growing area of the town. The situation with regard to medical attendance at the clinics has improved since the arrival of Dr. J. Smith as Registrar at Greenbank Hospital. Though there was still the difficulty inherent in making use of an officer whose first allegiance was to another authority, she and the house surgeon have been punctilious in attending at the clinics, as also in all other matters of co-operation with the Health Department. The number of sessions held at these clinics was 6 per week and at them 751 women attended, making 3,241 attendances. It was still not possible to lay any special emphasis on post-natal care, though women specially referred for a post-natal consultation were seen. No clinics specifically for this purpose were, however, arranged.

Social Emergencies.

A certain number of expectant mothers, 4 in all, were recommended for admission to Greenbank Hospital as social emergencies. The convention was that the consultant obstetricians would agree to these admissions provided that they were recommended by your Medical Officer of Health, who in fact personally visited them all. The emergencies consisted of difficulties through overcrowding, inadequate accommodation or lack of help in the home, in making satisfactory arrangements for a confinement and for the subsequent care of mother and child. Their circumstances raise a problem in which the Local Health Authority is interested, but for which, under present legislation, they are not responsible. It is the best use of Maternity Hospital accommodation. Undoubtedly the practice has grown up in Darlington and elsewhere of expectant mothers booking for confinement in hospital because it is more convenient than to remain at home, but without any careful review in all cases whether their home circumstances were in fact adequate. Though it is cheaper to the individual to have a baby in hospital, it is more expensive for the community, and where a thoroughly efficient domiciliary midwifery service exists one may question whether a more strict selection of admissions to hospital, with a greater proportion of beds kept available for women from poor home circumstances, might not be advisable in common interest.

Analgesia. — All the domiciliary midwives were trained in the administration of gas and air analgesia. A course was given in 1947 by arrangement with Dr. E. R. Dingle, the Senior Anaesthetist to the Darlington Memorial Hospital. Three sets of apparatus were in use. During the whole year 118 mothers at home received this form of analgesia. The apparatus, together with the spare cylinders of gas, were stored at the Ambulance Depot at the Fire Station and conveyed by ambulance to their destination.

Miss N. M. Everitt was asked for her opinion as to why so relatively few mothers received analgesia. She has given the following causes : that the midwife is often called too late, that sufficient relief is found in some cases through the administration of chloral and pethidine, that when the Ambulance Service is fully engaged there may be a delay in delivering the apparatus and so the chance be lost, and that some women are afraid of the idea of taking gas. She also remarked that the practice at the clinics of signing a certificate of fitness for gas and air never before the thirty-sixth week leads, when there is any uncertainty about dates, to a proportion of mothers going into labour without a certificate of fitness. In these circumstances midwives are unwilling to accept responsibility for gas and air and this difficulty might be avoided by giving a medical certificate earlier in pregnancy.

With regard to the unwillingness of mothers to take gas, Miss Everitt is of the opinion that a better response would be obtained if the apparatus could be demonstrated to expectant mothers as part of ante-natal instruction and as such preliminary acquaintance is the practice in other towns she has wondered whether it might be possible to arrange for it here, perhaps after the opening of the hostel where the apparatus could be stored and transport arranged accordingly.

Prematurity.

The idea described in the Annual Report for 1949 of the training of one midwife to "special" premature babies born at home has not proved in practice quite the scheme that was foreseen. The district midwives preferred in general to be responsible for their own premature babies and Miss. W. Thompson who received some special training at Newcastle was not in fact employed outside her own district. The details relating to prematurity are given in the table below.

TABLE XVIII.

BIRTH AND SURVIVAL OF PREMATURE INFANTS.

Number of premature babies notified who were born—

(i)	(a)	At home	...	...	...	...	...	—	23
	(b)	In Nursing Homes and Hospital	...					—	67
(ii)	The number of those born at home—								
	(a)	who were nursed entirely at home	...					—	19
	(b)	who died during the first 24 hours	...					—	1
	(c)	who survived at the end of one month	...					—	16
(iii)	The number born in Nursing Homes—								
	(a)	who were nursed entirely in Nursing Homes	...	...	...	...	...	—	6
	(b)	who died during the first 24 hours	..					—	Nil
	(c)	who survived at the end of one month	...					—	4

Miss N. M. Everitt has commented upon the reason why a few premature babies born at home were transferred to hospital. This has been because of the lack of facilities for continuous oxygen at home, which is a recommended part of the treatment for very small or feeble infants. One other 4-lb. baby was transferred because of lack of care at home and non-co-operation. All things being equal, Miss Everitt is in favour of the care of the premature at home, on the grounds that the close association of the mother with her new-born child, necessary in all cases, is more than ever essential with the complication of prematurity. As she has remarked, skilled nursing is not always a good substitute for the mother's care. Another point is that the fewer different people who handle a premature baby the better, and there is also the danger of cross-infection. Breast feeding seems to be established more easily at home. Miss Everitt has further commented on the willingness of midwives to pay many more than their statutory visits to these cases and on the happy co-operation existing between them and the health visitors when such visiting necessarily extends longer than 14 days.

Maternal Morbidity.

There was one maternal death due to acute pulmonary oedema associated with mitral stenosis. The labour and parturition were uncomplicated. There were 19 notifications of puerperal pyrexia, 3 of whom were removed to Hundens Unit, infectious diseases block.

Ante-natal Teaching.

In the Annual Report for 1949 a comment was made on the lack through insufficiency of time of psychological training for child-birth. Miss Everitt has remarked upon the great advantages to be gained by more thought in this direction. It cannot be emphasised too strongly that child-birth is a natural act, in no sense whatever to be thought of as a disease. One of the most potent causes of difficult labour is anxiety, which prevents satisfactory relaxation of the voluntary muscles and leads to inertia of the uterus. If mothers have been trained in what they are to expect and in its absolute normality, they will find their ordeal much less onerous. The confidence of a mother in her midwife needs to be gained by close ante-natal association and in spite of the smaller proportion of women who in these days are confined at home the establishment is insufficient to allow of all that could be desired in this direction. There is also the need for the midwives themselves to keep abreast in new ideas in the natural management of labour, which, though they are as old as man, have in our time received re-emphasis quite recently. Another point where Miss Everitt agreed with your Medical Officer of Health is on the need to maintain throughout pregnancy the active interest of the father in the coming addition to his family. The father should be the first to share his wife's joy in the birth of another child, and though one may not go all the way with some experts who have claimed better results in successful labour when the father is present throughout with the mother, he should not feel himself banished throughout the confinement and his place ousted by another member of the family.

The close relation of the Midwife with the patient and of the father with mother in the crisis of her confinement is of course immensely more difficult to attain, if not impossible, in hospital than at home, and this provides another argument in favour of domiciliary midwifery as the normal practice. It is too easy in a maternity hospital to concentrate attention solely upon the actual delivery (by analogy with a surgical operation) and to leave the expectant mother during the long, painful, uncertain and frightening first stage of labour alone to her own devices. Because nothing active can be done at that time, the "scientific" attitude of mind tends to ignore it. In fact, it is pre-eminently then that the expectant mother needs the psychological help of her midwife by her company and encouragement. When careful farmers and their men will sit up all night with their parturient live-stock, it is a pity that similar devotion is not always shown to human persons.

§ 2. CHILD WELFARE.

The establishment of health visitors remained as in 1949. At the beginning of the year both Miss Winch, the Senior Health Visitor, and Miss Thornton, who had been appointed Acting Senior Health Visitor in her place, were away, the former on leave of absence for a special course and the latter on account of illness. Miss Winch returned to duty in August, having successfully completed her course and passed the examination, and Miss Thornton returned in June. She continued to act principally as Tuberculosis Health Visitor, but was also given a small district in which to carry out the maternity and child welfare and other functions of her office.

The work of the health visitors is summarised as follows :—

TABLE XIX.

WORK OF HEALTH VISITORS.

			First Visits.	Re-visits.	Total Visits.
Expectant Mothers	...	...	335	4	339
Infants under 1 year	...	...	1282	3276	4558
Children 1 to 5 years	...	...	10	8605	8615
Infectious Diseases	...	...	448	—	448
Infant Deaths	...	...	34	1	35
Still-births	...	...	30	—	30
Miscellaneous Visits	...	...	237	45	282
Maternal Deaths	...	...	—	—	—
Illegitimate Children	...	...	50	587	637
Adoptions	...	...	7	1	8
Puerperal Pyrexia	...	...	—	—	—
Tuberculosis Patients	...	...	74	1158	1232
Total	...	...	2507	13677	16184

Compared with the figures for last year the work shows an increase, which is very satisfactory in view of the shortness of staff in the early part of 1950. The remarks made in the Annual Report for 1949 on the small establishment for a County Borough of the size of Darlington remain as true as ever. In spite of this, some extension of their work has been possible to meet the enlarged scope of their responsibilities as outlined in Section 24 of the National Health Service Act, 1946.

The clinics were held in the same premises as in previous years and it was felt to be unfortunate that the Department was so wholly dependent upon accommodation owned by others for this essential service. Under present conditions it did not appear possible to remedy matters. The Senior Health Visitor, Miss. E. Winch, was asked to contribute a few notes on what seemed to her the outstanding matters dealt with during the year and she reported as follows :—

“ The health visitors’ work in Darlington continues to expand but as yet we are not fully covering the requirements of the National Health Service Act, 1946, Sections 24 and 26, owing to the fact that we have had no increase of staff with the increase of work.

“ There is room for improvement in the after-care of patients, but as yet all cases requiring visiting are not brought to our notice. Under Section 24 the health visitor is required to give advice to whole families, that is from a social and general hygiene point of view. This advice has often been given in the past before it became a statutory obligation because the health visitors have always considered the family as a unit and treated them as such, as any adverse circumstances affecting a child under five years also affects the whole family.

“ We must not think, as some people in authority do that the work of the health visitors with the “ under fives ” is finished as we have now achieved a low infant mortality rate in this country. There is still a great deal of teaching to be done to keep this rate down and even to bring it lower. The staff have noticed that the children are not so well clothed as they have been owing to increased cost of living. We sincerely hope that the extra vitamins will still be distributed for some considerable time.

“ The rehousing of a great number of families has shown good results. The children look better and happier and the family is more united, but in some cases the parents need educating in the use of the house.

“ I would recommend that fixed fireguards should be installed in these houses especially around the slow combustion stoves which are difficult to guard from children.

“ The health visitors’ districts have been re-arranged since my return and the child welfare centres have been well attended in spite of the poorness of the premises.

Pink Disease.

“ During the year an investigation into the sociology of Pink Disease was carried out. This proved a very interesting study from the staff’s point of view and the mothers of the affected children were most helpful and also very grateful for the special advice given to them. These children are mostly nursed at home and as the illness is often very prolonged the strain on the parents due to loss of sleep is very great. Consequently a greater understanding of the child’s illness and needs during this period proved to be beneficial to the parents.

"The onset of this disease is so insidious that it is possible for it to be overlooked, but the staff are now so well versed that any deviation from normal progress in the children tends to make them even more vigilant in their observations and mothers are advised to seek medical advice at the earliest possible stage.

Accommodation for Old People.

"This is a very pressing problem in Darlington both in Part III accommodation and also in hospital accommodation. The needs of the chronic sick patients are not being met. Nursing care is given at home by the District Nursing Service but this is only one or two visits daily. Domestic help is provided by this service but this is also for only a limited period daily and consequently these ill patients are left alone for hours with no attention. Neighbours are often splendid, but they also have their own commitments and while they are willing to help as much as possible the situation is not covered because the greatest need is at night when these unfortunate patients are left alone.

"It would alleviate the immediate problem if it were possible to have a panel of helps who are willing to "sit up" at night with these people. Also, if there was more Part III accommodation it would release to some extent a number of beds in the chronic ward for the ill patients, as I understand some patients in hospital beds are well enough to be transferred, but there is no accommodation for them.

Selection of Pupils for Admission to Nursery Schools.

"Under the Education Act, 1944, 'A local education authority shall have regard to the need for securing that provision is made for pupils who have not attained the age of five years by the provision of nursery schools'.

"We have provided these in Darlington but not sufficient to cover all the needs and until we are able to do this I would recommend that when vacancies occur there should be some selection of the pupils, and places allocated to those children who would derive the greatest benefit from attendance at the nursery school.

"I understand that at present places are allocated to children whose names have been longest on a waiting list. Theoretically this appears to be correct procedure, but some names have been added to the list when the child was only a few weeks old and this may defer from obtaining admission children whose home circumstances may have been altered".

§ 3. DEPRIVED CHILDREN.

Although there is no suggestion in any directive of the Ministry of Health or other compelling reason for a note on the work of the Children's Officer and of the department established to meet the requirements of the Children Act, 1948, in this Annual Report, your Medical Officer of Health is of the opinion that work in connection with deprived children is so closely integrated with his own responsibilities that some reference to it is appropriate. Moreover, in accordance with the Joint Circular of the Home Office, Ministry of Health and Ministry of Education of 10th September, 1949, which

requires the authority to appoint a Co-ordinating Officer to study and promote suitable action in all cases of deprivation of normal care among children, whether in their own home or away from it, your Medical Officer of Health was appointed to this position and has, therefore, a close though in no sense a supervisory interest in the Children's Department.

During 1950 the accommodation in Darlington for children deprived of normal home life remained seriously limited. A nursery for young children both for short and long stay accommodation was maintained at East Haven at the premises of the Welfare Institution and children who were directly the responsibility of the Children's Committee shared accommodation there with others who were admitted with their families to East Haven for other causes. There was also a residential home for boys, Park View, where, however, short stay cases were admitted as there was no other place for them. For girls, accommodation had to be sought in premises belonging to other local authorities and as the report of the Children's Officer indicates, mutual arrangements were made with the County Borough of West Hartlepool to admit Darlington girls to their Blakelock Girls' Home while the boys from West Hartlepool were taken at Park View. There are at Darlington two voluntary Homes, St. Joseph's, a Roman Catholic Institution, and St. Cuthbert's, belonging to the Church of England Children's Society. The number of children belonging to this authority in either establishment is small.

In accordance with the suggestions of the Curtis Report, which were given expression in the Children Act, 1948, the local desire in finding suitable residence for deprived children is to place them in private homes, either by boarding out or by adoption, so that they may have as far as possible a completely normal family life. The number of children dealt with by these methods is summarised below. Mrs. Jones has reported as follows :—

EAST HAVEN NURSERY.

No. on Register on 1-1-50		Admitted		Discharged	
Boys	Girls	Boys	Girls	Boys	Girls
5	3	9	16	8	15

Of these, several girls were of school age who had to be accommodated in the Nursery owing to lack of accommodation for girls in Darlington and lack of vacancies at West Hartlepool.

4 boys and 8 girls were short stay cases owing to the temporary incapacity of their parents.

The discharged children were placed as follows :—

Boarded out		Returned to Parent or Relatives		Trans. to W. H'pool	Trans. to Park View	Trans. to Sanatorium	Died
Boys	Girls	Boys	Girls	Girls	Boys	Boys	Boys
1	5	4	9	1	1	1	1

PARK VIEW BOYS' HOME.

No. on Register on 1-1-50	Admitted	Discharged
22	18	19

Of these, 8 were West Hartlepool boys. 12 were short stay cases.

The discharged children were placed as follows :—

Boarded out	Transferred to West Hartlepool	Returned to Parents or Relatives
3	4	12

BLAKELOCK GIRLS' HOME, WEST HARTLEPOOL.

No. on Register on 1-1-50	Admitted	Discharged
2	5	4

Of these, 2 were short stay cases.

The discharged children were placed as follows :—

Boarded out	Returned to Parents or Relatives
2	2

VOLUNTARY HOMES.

At the beginning of 1950 there were 2 girls and 1 boy in Voluntary Homes.

1 girl and 1 boy have been transferred from other authorities to Voluntary Homes in the town.

1 girl was placed in a Voluntary Home outside the town.

BOARDED OUT CHILDREN.**Darlington Children in Darlington —**

No. on Registered on 1-1-50	Additions	Discharged
16	18	8

The discharged children were placed as follows :—

Returned to Parents	Adopted	Attained the age of 18
4	2	2

Darlington Children Outside Darlington —

No. on Register on 1-1-50	Additions	Discharged
8	1	4

The discharged children were placed as follows :—

Returned to Parents	Adopted	Returned to Home
1	2	1

Children from other towns in Darlington —

No. on Register on 1-1-50	Additions	Discharged
8	3	5

The discharged children were placed as follows :—

Returned to own town

1

Attained the age of 18

4

ADOPTIONS.

	Granted	Withdrawn	Refused
Magistrates Court	38	2	—
County Court	3	—	1
Total	41	2	1

REMAND HOMES.

During the year 15 boys and 4 girls were placed in Remand Homes. Most of these later passed to Approved Schools.

APPROVED SCHOOLS.

No. on Register on 1-1-50		Admitted		Licensed	
Boys	Girls	Boys	Girls	Boys	Girls
24	3	18	1	16	2

Day Nursery.

The year recorded a fall in the number of children attending the Council's Day Nursery, North Road, from an average of 44 in January to an average of 22 in December. This was because an even stricter regard than hitherto was paid to the eligibility of each applicant, bearing in mind the defined policy of the Authority that admission was only to be available to children whose mothers were under economic necessity to work in order to maintain their family. The Day Nursery does not exist in order to allow mothers of young children to work away from home because they prefer to do so rather than to care for their offspring, and in order to make this principle the more effective in practice, the Matron has kept your Medical Officer of Health supplied from time to time with a list of names and addresses of all children in attendance, which he has handed on to the Senior Health Visitor so that the continuing need of this help in each case could be confirmed by a home visit. Cases of doubt and difficulty were referred to your Medical Officer of Health for his personal decision, and certain special cases were considered, where nursery care was regarded as possibly contributing to the development of a retarded child. One such patient was admitted for some weeks during 1950, but was found after prolonged trial to be unsuitable for and unadaptable to nursery care.

Miss E. E. Roper, the Matron of the Nursery has written as follows:

"Children from the poorer type of home show the greater response and improvement in the Day Nursery way of life; particularly those children whose parents do not appreciate them. Such children flourish in their reaction to encouragement, and in several instances, parents who have been inclined to regard their offspring as an intrusion in their own progress have grown to regard their children with understanding and deeper affection.

“ However, life in a Day Nursery cannot substitute a good home background. The roots of domesticity and wise parental care are missing. Observation teaches that the most “ difficult ” children are usually the product of unsatisfactory homes and broken marriages ”.

Miss Roper supplied the following figures from her records :—

Number of individual children attending

Nursery during 1950	...	...	...	...	54
Illegitimate	...	...	...	...	11
Separated parents	...	...	...	...	10
Home difficulties	...	...	...	...	9
Mental troubles at home	...	...	...	...	5
Maternity	...	...	...	...	6
Serious illness at home	...	...	...	...	4
Practitioners' recommendations	...	...	...	...	4
Children of widows	...	...	...	...	3
Father in Forces plus hardship	...	...	...	...	2

§ 4. DENTAL CARE.

The Senior Dental Officer of the Local Education Authority, Mr. J. L. Liddell, L.D.S., who, as in previous years, remained in charge of the special attention given to expectant and nursing mothers and to their pre-school children, remained single-handed throughout the year, and it has not been possible to give under the aegis of the Local Health Authority that priority of dental care to these categories of persons which was promised in the National Health Service Act and which their special circumstances require. Mr. Liddell has reported as follows:

“ Attendances at the Dental Clinic continued to be small, though somewhat more than last year. It will be observed that only one expectant mother attended the clinic, and she did not take advantage of the treatment required by and available to her. Dental practitioners in the town give what special care they can to patients of the priority categories who come to them, but it must be re-emphasised that the effect of the National Health Service Act where preventive dentistry is concerned has been to nullify to a large extent its own expressed intention of fostering this work in respect of expectant and nursing mothers and of children under the age of 5 years (Sec. 22).

It is impossible, owing to lack of staff, for examinations to be done by a Dental Surgeon in the Welfare Clinics, but it has been noticed, at inspections in Nursery Schools and classes, that the teeth of the pre-school child are still, on the whole, good.

“ Arrangements have been made for any necessary X-rays to be done at the Memorial Hospital.

“ Arrangements for the supply of dentures are that impressions and all chairside work will be done by the Dental Officer and the mechanical work sent out to a mechanic to the profession.”

TABLE XX.

(a) Numbers provided with dental care:

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	1	1	—	—
Children under five	45	43	43	43

(b) Forms of dental treatment:

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	—	—	—	—	—	—	—	—	—	—
Children under five	71	—	32	—	—	—	—	—	—	—

SECTION E.

HEALTH IN THE HOME.**§ 1. HEALTH EDUCATION.**

In considering this matter it is necessary never to forget the quiet and unobtrusive but most effective influence exercised by the sanitary inspectors in the course of their duties not only in respect of cleanly handling of food in shops, kitchens and restaurants but in many other matters. Under this heading is, however, mainly described the methods adopted to reach and interest the general public in matters appertaining to health to increase their awareness of the part they could themselves play in maintaining it and to train them in practical affairs. As the health of the family is in the hands of the wife and mother, the public most amenable to and most readily sought in this respect was largely feminine. It was not forgotten that men should be equally concerned and their interest was most welcome when it was given through mixed groups such as Parent Teachers' Associations.

The general lines laid down in the Annual Report for 1949 were pursued and developed in 1950. No further use was made of the propaganda material produced by the Central Council for Health Education, the Health Committee deciding that as the Central Office of Information was also in the field with regard to publicity material there was no need to incur the expense of association with another group. With regard to contacting individual persons and families, they expressed themselves as satisfied with what had been done and was promised by the Health Department.

The number of groups and organisations with whom the Department was in communication as recipients of Health Education Bulletins increased during the year there being 40 names on the distribution list on 1st January and 66 on 31st December. The issue of bulletin letters was continued, as described in last year's Report and four such bulletins were circulated, the titles and dates being as follows :—

No. 6.	January 6th	Home Nursing
No. 7.	March 14th	Mass Radiography and Home Nursing
No. 8.	July 18th	Food Poisoning and Poliomyelitis
No. 9.	October 24th	Syllabus of Talks

Invitations to lecture were also received and met ; 18 talks were given for the first time to groups and 6 for the second time. This is satisfactory, but still shows room for improvement as the Medical Officer of Health would like to be able to arrange for one talk at least every year to each group in the town. It may be said in passing that

most of these talks took place out of office hours and no charge was made by the lecturer. If, however, they become, as they bid fair to do, a regular and important feature of the health service, some consideration may need to be given towards bringing the practice in Darlington into line with that of other Authorities. Towards the end of the year a syllabus of talks was drawn up and issued to the groups, from which they could select from a wide range of subjects. The syllabus is too long to reproduce in this Report and it endeavours to cover almost the whole field of health interests. It will be seen from the following table showing the talks and lectures given what were the favourite subjects. All were selected before the syllabus was issued.

(Table of Talks and Lectures overleaf)

HEALTH EDUCATION — TALKS AND LECTURES.

Date	Association	Subject	Speaker
Jan. 19th.	Business & Professional Women's Club	Cancer	Dr. Walker
" 31st.	St. Herbert's C. of E. Men's Society	Poliomyelitis and its Lessons	Dr. Walker
Feb. 6th.	Technical School Parent Teachers Assoc.	Housing and Health	Dr. Walker
" 14th.	Labour Party League of Youth	The Workings of the Local Health Services	Dr. Walker
Mar. 1st.	Arthur Pease Parent Teachers Association	For and Against The Family	Dr. Bishop
" 14th.	Dodmire Townswomen's Guild	Health in Middle Life	Dr. Walker
" 23rd.	British Red Cross Society	The Meaning of Health	Dr. Walker
Apr. 3rd.	North End Townswomen's Guild	Home Nursing	Dr. Walker
May 11th.	Toc H.	Mental Hygiene	Dr. Walker
" 18th.	Holy Family Catholic Women's League	Health in Middle Life	Dr. Walker
" 24th.	Rise Carr Infants' School Mothers' Club	Housing and Health	Dr. Walker
June 13th.	North End Women's Co-operative Guild	The Foundations of Health	Dr. Walker
July 14th.	Darlington Rotary Club	The Duties and Rights of the Family	Dr. Walker
Sep. 12th.	Yarm Road Townswomen's Guild	Health in Middle Life	Dr. Walker
" 20th.	Haughton C. of E. School P. T. A.	Child Welfare	Dr. Walker
" 26th.	British Medical Association	Health Department Housing Policy	Dr. Walker
Oct. 3rd.	Salutation Townswomen's Guild	Health	Dr. Bishop
" 4th.	St. John's C. of E. Mothers' Union	Health in Middle Life	Dr. Walker
" 20th.	North Road Primary Home & School Council	For and Against The Family	Dr. Walker
" 23rd.	Gladstone Street School P. T. A.	The Health of the School Child	Dr. Walker
Nov. 10th.	North Road Girls' Secondary Modern P. T. A.	The Health of the School Child	Dr. Walker
" 14th.	The Catenian Association	How I see My Job	Dr. Walker
Dec. 13th.	St. Mark's C. of E. Mothers' Union	How to Use the Health Services	Dr. Walker
" 13th.	St. Thomas's Catholic Women's League	How to Use the Health Services	Dr. Walker

Home Nursing for Housewives.

A most important departure foreshadowed in last year's Report took place in 1950. The Medical Officer of Health had felt that any step to improve the knowledge of elementary home nursing among housewives would be of great benefit, firstly to the families concerned, secondly to national morale, by increasing a sense of personal responsibility and thirdly by taking the strain off the Home Nursing and Hospital Services. Many housewives, otherwise extremely competent, are quite at sea in face of illness and as many patients, especially men, show a regression when ill to a childish level of behaviour, their difficulties are increased. Self-confidence can only come by knowledge and practice, and through the groups a call was issued, first of all in November, 1949, for volunteers to take a course of six lecture-demonstrations to be arranged by the courtesy of the Darlington B.R.C.S. at their rooms in Skinnergate. The B.R.C.S. also agreed to supply lecturers and demonstrators and Mrs. A. M. Steven, Matron of Hundens Hospital, consented to act as lecturer also, all of this at no cost to the Corporation. I should like to pay tribute to all the ladies concerned, and particularly to Mrs. M. E. Smith, Divisional Director, B.R.C.S., and Miss A. S. Thompson who acted as lecturer.

The aim of the course was to cover all the normal procedures of the sick-room and to impart some hints with regard to invalid cooking and management generally, not forgetting its psychological aspects. The lectures proved to be popular and were well attended by the majority of those who gave in their names. At the end of each course a letter was issued to all who had attended four or more of the lecture-demonstrations, which they were invited to show to their doctors if and when illness came to the home, so inviting responsibility for the sick-room. The doctors had of course been informed of this project through the weekly bulletin sent to them from the Health Department. At the end of the year five courses had been held and letters certifying attendance had been issued to 151 women. The following groups sent volunteers :—

Cockerton Women's Co-operative Guild
 Central Women's Co-operative Guild
 Cockerton Townswomen's Guild
 North End Townswomen's Guild
 St. Augustine's Catholic Women's League
 Holy Family Catholic Women's League
 Domestic Help Service
 Toc H. (Women's Section)
 Harrowgate Hill Infants' School Parent Teachers' Association
 Arthur Pease Parent Teachers' Association
 St. Paul's Mothers' and Young Mothers' Unions
 N. U. R. Women's Guild No. 2
 Darlington Business and Professional Women's Club

These figures are not unsatisfactory having in view the novelty of the idea, but they are only a beginning. The first target is 1,000 housewives trained. Though these courses have nothing to do with Civil Defence, their value from this point of view is obvious and as it is likely to be impossible to expand this side of the work indefinitely by reliance on voluntary effort alone, the question of payment for lecturers as and when it arises might perhaps be taken up in particular from a Civil Defence point of view, if necessary at the very highest levels, as this scheme of training of housewives in home nursing might be made a nation-wide objective by all Local Health Authorities throughout the country.

§ 2. HOUSING PROBLEMS.

Difficulties arising from adverse housing circumstances continue to be brought to the notice of the Health Department and constitute one of the outstanding problems of the time. In spite of a steady if small programme of house building, the number of families awaiting rehousing is maintained by a constant recruitment of young married couples, who in due course become parents. Many outstandingly hard cases with medical priority have now been dealt with, but others are still brought to notice, as when for instance a young person with open tuberculosis is married. There is, moreover, a constant wear and tear on houses already in existence and a good deal of old property in the town is reaching or has reached a stage when further repair is quite uneconomical and the houses themselves are unfit for human habitation. Thus there can be no revision of the opinion expressed in the Annual Report for 1949 that the demands of housing constitute one of the highest priorities of the internal economy of our nation.

During the year 124 households were personally investigated by the Medical Officer of Health, usually in company with the Chief Sanitary Inspector, as a result of claims for consideration because of hardships brought to his notice by members of the family or by their medical practitioner. The assessment of these cases was found to require a very high degree of discrimination since each one had to be considered in comparison with the merits of the others and also with regard to the claims of the many on the waiting list of the Housing Department who never received his personal attention. The final selection of applicants where high priority was recommended remained with the Housing Committee and during the year they agreed to accept patients suffering from psychiatric illness as having a practical equality in respect of priority with sufferers from pulmonary tuberculosis. There was a good reason for this, as psychological strain is an almost invariable complication of home-sharing and is therefore especially detrimental to patients already with a disturbed balance of mind. Also the presence of such patients in a household where there are children may have a highly unsatisfactory effect upon the mental development of the latter. Towards the end of 1951 a new scheme to decide the order of families in the waiting list was adopted by the Housing Committee, but as no medical priorities were awarded under it during 1950 a consideration of its working is postponed.

After a session devoted to housing visits the Medical Officer of Health awarded a mark to each family unit. This ranged from 0 to 5 in accordance with whether the adverse factor was so slight as to merit no priority at all up to being so severe as in his opinion to call for the most urgent rehousing. A few households, 8 in all, were left ungraded, as on investigation there seemed to be no relevant factor. The adverse actors were classified as high grade medical priority, e.g. open pulmonary tuberculosis and frank psychiatric illness, lower grade medical priority, overcrowding (overcrowding in fact rather than in accordance with the Housing Act, 1936 was made the standard), structural deficiency of the house itself an inferior environment and obvious psychological strain. If the family appeared to be itself of or verging upon the problem class this was noted. One question in which the Medical Officer of Health was anxious to help, but recognised the difficulty of accurate assessment, was that of impending break-up of marriage. This was a psychological factor and very difficult to demonstrate objectively particularly to convince the Housing Committee. The work of the year may be summarised as follows :—

Total number of cases investigated — 125

(This figure includes 4 carried forward from 1949)

High grade medical priority observed in 8 cases

Lower grade medical priority observed in 58 cases

Overcrowding a significant factor observed in 74 cases

Structural deficiency of house observed in 32 cases

Inferior environment observed in 7 cases

Recognisable psychological strain observed in 35 cases

Problem family situation observed in 4 cases

The total of 218 adverse observations were found among the 117 families awarded a mark. Recommendations for rehousing on various grounds of priority were made in 42 cases and there was rehousing of 28 families. There were also 15 households rehoused who were recommended in 1949 and 10 households recommended in that year were still awaiting a house at the end of 1950.

A very important matter in connection with rehousing is to decide whether in fact the families are benefited by their move. A small piece of research was carried out on these lines in 1950, the precursor it is hoped of something much more substantial as opportunity permits. A selection was made of the families recommended for priority on medical grounds during the last three months of 1948, these having been settled in their new homes for a sufficient time to know whether they were satisfied and what were their complaints. Of a total of 16 such cases, 3 were found to have left the address where first rehoused, one to another neighbouring Council house and another to a non-Council house the housewife remarking in this second instance that the Council house was too large for the needs of the family. Another family had left for an unknown address and another was not at home

when called upon on two occasions. Of the 13 families visited personally by the Medical Officer of Health, the following observations were made :—

Medical condition for which rehousing recommended :—

Improved	...	...	...	...	...	6
Unchanged	...	...	...	...	...	7

Reaction to new home :—

No complaints	...	...	...	...	...	6
Minor complaints	...	...	...	...	...	6
Substantial complaints	...	...	...	...	...	1

Of these complaints, 2 were on account of high rent and 1 on account of distance of shops etc.

Premises were kept :—

Very well	...	...	...	...	...	7
Well	...	...	...	...	...	3
Fairly well	...	...	...	...	...	2
Poorly	...	...	...	...	...	1

It is recognised that these figures are too small to mean anything, but they are set out as above as a pattern for an extension of the enquiry.

Towards the end of 1950 the Housing Committee gave some consideration to the suitability of certain families for rehousing in new Corporation property. The manner in which households live in their homes varies greatly and it was felt that some might not be able to maintain new Council houses as their first-class amenities demanded. Thus a selection was suggested from among applicants of those able to benefit by a new Council house and of those who would be better off elsewhere. In this matter the Health Department gave its co-operation.

§ 3. HOME NURSING.

The Darlington Queen's Nurses' Association, acting as agent for the Local Health Authority in accordance with the approved proposals under Section 25 of the National Health Service Act, continued to give the excellent service that is expected of them and to have increasing demands made upon them. Patients suffering from 1,129 morbid condition were attended, as compared with 1,096 in 1949, and 33,127 visits were made as compared with 29,553. A new scheme of duplicate record keeping at this office was introduced on 1st January, from which it was hoped to be able to derive an even more detailed analysis than what follows. As the records are at present, this has not been possible, but something fuller is intended when circumstances permit, as the statistics of the Home Nursing Service provide a most sensitive index of the morbidity of the population. During the year a small difficulty was encountered with the Management of the Association whose members in all good faith seemed dubious about the transmission of the full details of all cases to the Health Department for the purposes of a morbidity survey. They were, however, convinced that when the Local Health Authority is directly responsible for the Home Nursing Service, all such information will be automatically available that a Health Department is already quite sufficiently used to the handling of confidential information to be safely entrusted with it.

A matter for comment was the appointment during the year of two male nurses, who undertook a proportion of work among their own sex throughout the town with great success.

TABLE XXI.

HOME NURSING: ANALYSIS OF MORBID CONDITIONS ATTENDED.

	Under 5	5—25	25—45	45—65	Over 65	Total
Infectious Diseases (not including Tuberculosis) ...	2	3	2	6	3	16
General Diseases—						
Cancer, all sites	1	1	6	30	30	68
Diabetes	—	1	—	9	23	33
Anaemia	—	—	—	1	5	6
Diseases of Alimentary system—						
Tonsillitis	1	4	5	2	—	12
Constipation	9	8	12	37	79	145
Threadworms	12	11	5	—	—	28
Other diseases	—	—	—	—	—	—
Diseases of Circulatory system—						
Disorders of heart, various	—	—	3	5	22	30
Cerebral Vascular accidents	—	—	—	15	61	76
Disease of Veins	—	—	4	1	16	21
Other Diseases	1	5	4	7	7	24
Diseases of Re-spiratory system—						
Bronchitis	4	2	3	8	15	32
Pneumonia	7	8	9	24	19	67
Pleurisy	—	2	8	4	1	15
Pulmonary Tuberculosis ...	—	2	7	10	1	20
Other Diseases	—	—	—	1	—	1
Diseases of the Central Nervous System	—	1	5	21	70	97
Diseases of the Special Sense Organs	—	—	—	—	—	—
Diseases of Locomotor System—						
Arthritis Deformans	—	1	1	9	11	22
Other Diseases	—	—	—	—	—	—
Diseases of the Skin—						
Boils, Carbuncles and Superficial Infections ...	5	5	5	11	13	39
Other Diseases	1	1	1	3	1	7
Surgical Conditions—						
Burns and Scalds	6	—	—	2	6	14
Fractures and Injuries ...	1	1	2	1	16	21
Post-operative dressings ...	3	3	15	17	17	55
Minor Operations	—	3	1	4	8	16
Diseases of Uro-Genital system—						
Diseases of the Kidneys ...	3	1	3	7	21	35
Abortion	—	5	9	—	—	14
Puerperal Pyrexia... ..	—	—	—	—	—	—
Mastitis	—	3	11	13	36	63
Various treatments	1	—	—	—	—	1
Senility	—	—	—	—	102	102
Unclassified	2	—	23	17	7	49
Total Morbid Conditions attended	59	71	144	265	590	1,129
Total Visits made to all Patients	—	—	—	—	—	33,127

	Visits made	Average visits per patient	Percentage of all visits
Visits made in respect of certain diseases:			
Diabetes	5,584	169	16.8
Cerebral Vascular Accidents	3,157	42	9.5
Senility	3,361	33	10.1
Cancer	2,273	33	6.8
Number of Nurses (31st Dec., 1950):			
Superintendent		—	1
Deputy Superintendent		—	1
Whole-time Nurses		—	7
Part-time Nurses		—	4

§ 4. HOME HELP.

In the description of this service in the Annual Report for 1949 emphasis was laid upon its value as a means of maintaining home and family in the presence of adverse circumstances. Whenever it is possible, by means of the aid given by a Home Help, to keep at home a mother at her confinement, a patient suffering from acute or chronic illness, or an aged couple or solitary person, an actual saving to the community is achieved in spite of the fact that the Home Help Service is expensive for the ratepayers. It is still more expensive to us all as direct and indirect taxpayers to support the same people when admitted to institutional care. This is apart altogether from the more important general principle that it is better, all things being equal, to live at home even if ill than away from it. During 1950 the Home Help Service showed its usefulness and continued popularity. The following figures show the work carried out and in general indicate an increase as compared with last year. There has been a decline by 2 in the number of whole-time Helps employed, but the number of part-time Helps has increased.

TABLE XXII.

Number of helps employed (average on books throughout year)				—	Whole-time	—	16
				—	Part-time	—	35
Effective strength (average throughout year)				—	Whole-time	—	15
				—	Part-time	—	31
Total number of working days				—	8,780		
Number of households in receipt of help on books on 1st January, 1950 ...				—	163		
New households entered on books for help in 1950				—	366		
Total households assisted, 1950				—	529		
Maternity Cases				—	81		
Commando Cases				—	10		
Households with patient suffering from pulmonary tuberculosis				—	8		
Average weekly number of households attended at beginning of year ...				—	120		
Average weekly number of households attended at end of year				—	190		

An improved system of record keeping was introduced at the beginning of 1951 and it is hoped that in subsequent reports a detailed analysis of the time occupied in attending different categories of cases will be available. Meanwhile it is possible to say that of the total of 366 new households attended, 72 were on account of confinement at home, 124 acute illness, 114 chronic illness, 49 old age and 7 that did not fall into any of these groups.

The organisation of the service remained as before, Mrs. D. Johnson continuing to supervise it on a voluntary basis. It is opportune to pay tribute to the time and zeal given to this work by Mrs. Johnson, from which she receives no reward save the satisfaction of helping her fellow-men. Her Deputy, Miss A. Lumb, and her Clerk are both employed full-time by the Local Health Authority, and though the service is described as administered on an agency basis by the W. V. S. and office accommodation is provided at their Headquarters, co-operation is so close that it is for all practical purposes a section of the Health Department. Donations to the W. V. S. for the special benefit of the Home Help Service have been £1 0s. 0d. monthly from the Darlington Soroptomists' Club and £2 2s. 0d. from the Darlington Rotary Club, which are acknowledged with thanks.

All Home Helps are now as servants of the Local Health Authority eligible for sickness benefit and whole-time Helps for superannuation as well. It is unfortunate to have to record that an apparent abuse of the sickness benefit amenity was observed in 1950, certain personnel taking their maximum sick leave for apparently trivial causes. That this is done on a wide scale is recognised and is a symptom of a sick society, but it is a pity that the same phenomenon should have been found among those connected with the Health Department. Some attention was especially paid to morale during the year and a course of talks was given in February and March, when the aims and high standards of their work were emphasised to the Helps and descriptions were given by senior officers of other sections of the Health Department, such as the Senior Health Visitor and the Superintendent Midwife, of their respective functions to illustrate to the Home Helps how they were themselves part of a much wider team. A different member of the health Committee took the Chair at each of the five conferences. Attendance, which was of course voluntary as the meetings were in the evening, was satisfactory and an account of the proceedings was subsequently submitted to and published in the "Nursing Mirror" of the 5th January, 1951.

§ 5. THERAPEUTIC HANDICRAFTS.

Work carried out under this heading continued to justify itself. Operations remained centred at the premises known as the Old Laundry, Greenbank, situated at the rear of Greenbank Hospital. They were not very convenient and were known to be wanted by the hospital authority for other purposes. No other suitable premises were found during the year nor was there any immediate prospect of finding them in 1951. As the analysis of the work contained in Table XXIII will show, a larger number of patients were visited at home

than attended at the Centre and the home training section of the work became more and more important, particularly when, as a result of changes in the Mental Health Service and the resignation of Miss E. Black (Mrs. J. Hunter), domiciliary visits to feeble minded persons for handicraft purposes were added. As a result of this and the general increase of work, the question of a woman assistant for the handicraft instructor was under consideration at the end of the year. The wide variety of skills employed is shown in the Table and also the various kinds illness and handicap from which the workers were suffering. The majority of patients were still recruited from the tuberculous and though a certain number were referred by general practitioners this source did not develop as rapidly as was hoped, though perhaps the scheme was as large as could be managed by one whole-time instructor. One of the most interesting and tragic cases was that of a youth of 19, both of whose upper limbs were paralysed as a result of poliomyelitis. By an ingenious arrangement of slings it was possible to make use of the small remaining power in two fingers of his left hand and he was able to make bowls of papier mache. When first brought to the notice of the Department he was in a state of profound apathy and depression and by the end of the year he had developed an almost exaggerated confidence in his remaining powers. Unfortunately he died of pneumonia early in 1951, but not before he had gained great psychological benefit from his days at the Handicraft Centre. In this case, as in many others, and also in the many handicrafts taught, your Medical Officer of Health would like to pay tribute to the versatility and competence of the instructor, Mr. J. W. F. Wilson, to whom the success of this section is so very greatly due.

A note was made in the last Report of a scheme of co-operation with Messrs. Patons and Baldwins. This was greatly developed during the year, wherein the handicraft section received the utmost co-operation of the firm. Rug-making was undertaken by certain picked personnel among the handicapped and a large number of rugs in wools provided by Messrs. Patons and Baldwins were made to advertise the Company's goods in foreign countries. Those employed earned something for their labours and it was arranged that they should receive this in sums not greater than £1 per week so as not to interfere with such other benefit as was paid to them. Negotiations to this end were successfully pursued with the National Assistance Board and the Ministry of National Insurance.

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TABLE XXIII
HANDICRAFT INSTRUCTION.

No.	Sex	Disability	Work carried on	At Home	At Centre	Remarks
1	M	Epileptic	Stool seating (seagrass)		x	
2	F	T.B.	Weaving	x		
3	F	T.B.	Tapestry needlework ...	x		
4	M	Cardiac debility ...	Rugmaking	x		Home-bound
5	M	T.B.	Rugmaking	x		Home-bound
6	F	T.B.	Soft toys, embroidery, glovemaking, rugmak'g	x	x	
7	F	T.B.	Knitting	x		
8	F	T.B.	Knitting	x		
9	M	Nephritis	Hand weaving	x		Home-bound
10	F	T.B.	Knitting	x		
11	M	Paraplegia	Rugmaking	x		Has chair
12	F	T.B.	Rugmaking	x		
13	F	T.B.	Knitting, soft toys ..	x		Home-bound
14	F	T.B.	Knitting, rugmaking ...	x	x	
15	M	Bronchitis and asthma	Rugmaking, weaving, canework, wood-turn'g	x	x	
16	M	Amputation—left leg ...	Plastics, weaving	x	x	To centre by
17	M	T.B.	Plastics, needlework ...	x	x	ambulance
18	F	T.B.	Knitting	x		
19	F	Non-pulmonary T.B. ...	Hand weaving	x		Home-bound
20	M	T.B.	Cane-work baskets ...	x		
21	F	T.B.	Knitting, needlework ...	x		
22	M	T.B.	Rugmaking	x		Home-bound
23	F	T.B.	Glovemaking, knitting	x	x	
24	M	Thrombosis	Rugmaking	x		Home-bound,
25	F	T.B.	Knitting	x	x	ex-service
26	M	T.B.	Plastics, rugmaking ...	x	x	
27	M	Arthritis	Hand weaving	x	x	To centre by
28	F	T.B.	Knitting	x	x	ambulance
29	M	T.B.	Soft toys	x		Home-bound,
						ex-service
30	M	Thrombosis	Rugmaking, needlework	x		Home-bound
31	M	T.B.	Plastics		x	
32	F	T.B.	Knitting	x		
33	F	T.B.	Knitting	x		
34	F	T.B.	Needlework, glovemak'g	x	x	
35	M	Paraplegia	Plastics, rugmaking ...	x	x	Has chair
36	M	Bilateral amputation ...	Plastics, rugmaking ...	x	x	Has chair
37	F	T.B.	Knitting	x		Home-bound
38	M	T.B.	Rugmaking	x		Home-bound
39	M	Cardiac Weakness ...	Embroidery	x		Home-bound
40	F	T.B.	Knitting	x		
41	M	T.B.	Rugmaking	x		Home-bound
42	M	T.B.	Rugmaking	x		Home-bound
43	M	After-effect poliomyelitis	Papier Mache....		x	To centre by
						ambulance
44	M	Arthritis	Rugmaking	x		Home-bound
45	M	Cardiac Weakness ...	Rugmaking	x		Home-bound
46	M	Amputation left leg ...	Weaving	x	x	Has chair
47	M	Bilateral amputation ...	Weaving	x	x	To centre by
						ambulance
48	M	T.B.	Tapestry, needlework...	x		Home-bound
49	M	Arthritis	Shoe repairing		x	
50	M	Diabetic, cataracts ...	Hand weaving	x	x	To centre by
						ambulance
51	M	Asthma	Lampshades	x		Home-bound
52	F	Cardiac debility	Tapestry, needlework ...	x		Home-bound
53	M	Epileptic	Rugmaking		x	
54	M	T.B.	Seagrass stool seating ...		x	
55	F	T.B.	Knitting	x		
56	F	T.B.	Knitting	x		
57	M	Paroxysmal tachycardia	Leatherwork	x		Home-bound,
58	M	T.B.	Rugmaking	x	x	Home-bound
						ex-service

Summary.

Numer of men	...	...	...	—	35
Number of women	...	...	...	—	23
Number attending centre only	...	...	...	—	6
Number assisted at home only	...	...	...	—	35
Number both attending and assisted	...	...	...	—	17
Suffering from tuberculosis :					
Pulmonary	...	...	...	—	34
Non-pulmonary	...	...	...	—	1
Suffering from diseases of the heart and					
blood vessels	...	...	...	—	9
,, arthritis deformans	...	...	...	—	3
,, epilepsy	...	...	...	—	2
,, after effects of	...	...	...	—	1
poliomyelitis	...	...	...	—	1
,, after effects of	...	...	...	—	4
injuries	...	...	...	—	4
,, other conditions	...	...	...	—	4

Not included in the above, 4 feeble-minded persons attended the Centre during the latter part of the year but had not yet been allocated to a specific craft. During the year 2 patients returned to their former employment, 3 were found employment in other occupations by the Ministry of Labour, 1 was placed in employment for the first time, 2 moved out of the town and 9 died. The number of instructional visits paid to patients in their homes was 466 and the number of individual attendances at the Centre was 1,177. Blind persons also continued to attend, but their activities are not described under this heading as they were the responsibility of the Welfare Committee and maintained themselves as a separate group, though sharing the amenities of the Centre. All persons recommended for therapeutic handicrafts were visited by Mr. Wilson to obtain their interest. Five such persons had no wish to take part or were not suited to the type of work available.

§ 6. HANDICAPPED PERSONS.**Including Note on Section 29 of National Assistance Act, 1948.**

As noted in the Report for last year, your Medical Officer of Health is, as medical adviser to the Welfare Committee, closely associated with the care of the handicapped. It is in fact difficult to say where responsibilities incurred under Section 28 of the National Health Services Act, 1946, begin and end relative to those properly attributable under Section 29 of the National Assistance Act, 1948 and a convention bringing about the unification of both services would seem to be a logical development.

Up to the present, the only complete scheme in existence is in respect of the blind. A keen interest is taken in the welfare of the deaf and of the deafened but an official care service for them is not

yet in being. Informally quite a lot of progress has been made, however, as the report of Miss. M. Scott, following below, will indicate. Working in collaboration with the Ear, Nose and Throat Consultant Surgeon, Mr. J. S. C. Monro, Miss Scott has a detailed knowledge of the actual incidence of deafness in the town and is personally known to the majority of deaf and deafened persons.

I have pleasure in appending reports from Miss V. I. Smiles, Welfare Worker for the Blind, and from Miss Muriel Scott. Miss Smiles writes as follows :—

“The number of names on the register of blind persons is 104.

“During the year ended December, 1950, 16 new cases were added to the register, namely 5 males, 10 females and 1 child. Two females removed into the district, and 2 males and 1 female left it. Five males and 2 females died during the war, all being over the age of 70 years.

“1,286 visits were made to individual homes, particularly by Mr. Cooke, when the blind folk and their relatives very much appreciate the help and advice given to them.

“The year was again one of steady and satisfactory progress in social activities, but as previously reported, this work is seriously handicapped by the lack of suitable accommodation”.

TABLE XXIV.

Age Distribution of Blind Persons in Darlington.

	Under 15	15—34	35—54	55—64	65—74	Over 75	Total
Men	2	7	7	7	9	10	42
Women	2	4	11	6	17	22	62
TOTAL	4	11	18	13	26	32	104

Number of blind persons normally resident in Darlington (not of school age) undergoing training away from home ... 5
 employed away from home 2

Number of blind persons normally resident in Darlington

Miss Scott writes as follows :—

“During the year 1950 the Darlington Lip-Readers' Club have through their Welfare Officer assisted 80 hard of hearing persons in different problems arising from their handicap. Problems of placement in the right job, difficulties arising at work, translation, in the cases of severely deafened persons, in Court and at other important meetings, and assisting in the care of persons for whom the Government Hearing Aid is of no use.

“Some 400 persons have been examined with a view to referral for a Government Aid and their names have been passed on to this Club so that the facilities can be placed at the disposal of all such handicapped persons.

"The Club provides social activities specially adapted to the needs of the hard of hearing and takes special care of deafened children when they leave school. The Club is situated at No. 161 Northgate".

§ 7. PROBLEM FAMILIES.

Including Note on Sec. 47 of N.A. Act.

No systematic report is as yet possible upon the problem family situation as it exists in Darlington. It is in the first place rather difficult to define what is meant by a problem family and there is certainly a wide "scatter" among them, from those who are rather markedly below the average in social usages to others who make no attempt at all to make a home and to instil into their young the manners of civilisation. In this last category there are two groups, one where the defect is through the mental deficiency of one or both partners, the other where intelligence is at least normal, but where good will is defective. A young woman from one of the worst families known to your Medical Officer of Health was successful as a schoolgirl in obtaining a scholarship to the High School. Examples from all categories are well known to the Health Department and several cases have been fairly well investigated. The parents of two families were prosecuted during the year for neglect of children. In both cases the homes had been at the lowest level of chaotic neglect and comfortless squalor and in both mental deficiency was the major problem. The responsibilities of marriage were beyond the range of these people and segregation (not sterilisation) in a suitable environment should have prevented the unfortunate sequel. It is not always easy, however, to keep track upon feeble-minded persons and certainly not to an extent to prevent their marriage when they make all reasonable adaptation to some simple occupation and so may pass out of statutory supervision. Their abilities may be sufficient for a simple job and quite inadequate for the great responsibilities of home-making. These two cases showed such gross neglect of the children that your Medical Officer of Health believed that their removal from home care was the only solution, much as he objected in principle to it. In another case which has not recently been before the Courts, a complicated family unit is living an almost wild life on the borders of the country and the health of all members has greatly improved since they moved from the built-up part of the town. With this and some other cases the problem is one of emotional immaturity. Though normally intelligent, the principals refuse to accept or to persevere in the ordinary responsibilities of life and their children tend to follow their example. It has, however, been noted in a few cases where the children from unsatisfactory families have been observed away from them, that they conform with adequacy to normal standards. Thus the trouble here is a failure of will rather than a want of capacity.

At the other end of life a certain number of neglected aged persons came to the notice of the Health Department. Section 47 of the National Assistance Act was not invoked during the year partly because its procedure is too lengthy for convenience and partly because

it is extremely offensive to humane feeling to operate legal machinery to remove a person from his own home. On the other hand, aged persons may be like children when they are not in full control of their rational faculties and so when their own families are unwilling or unable to give it, may require the help of a public authority. In this matter too public action is the second best alternative. The two elderly and chronic sick persons, both men, whose circumstances were known in detail during the year to the Health Department, both agreed to seek hospital treatment voluntary and died very shortly afterwards.

§ 8. GERIATRICS.

This note is included as a reminder that the care of the aged is an essential and growing part of any comprehensive Health and Welfare Service. Unfortunately there is very little in respect of actual progress to announce. Without at present discussing the question of who is responsible, insofar as a public authority is responsible at all, for the care of the old at home, your Medical Officer of Health is of the opinion that it is a matter for the Health and Welfare Department, either by the use of welfare officers appointed for the purpose or, in his opinion the better plan, by health visitors. Some co-operation has been achieved between the Health Department and the Admission Bureau of the Darlington Hospitals Group in respect of assessment of priority of aged and chronic sick for admission. This may be the beginning of a scheme, satisfactory within its own sphere, of investigating the circumstances of all chronic sick, especially of those who are old, whose admission to hospital was recommended, in order to maintain a place for them in their own homes when they were made fit for discharge as in accordance with the most up-to-date principles of treatment. To make this effective there would have to be the fullest pooling of information between the hospital and this Department and your Medical Officer of Health has to admit that very little real progress has so far been made.

SECTION F.

MISCELLANEOUS.

§ 1. METEOROLOGY.

While most people are of the opinion, through their personal observations, that the weather and time of year have a direct bearing on feeling of health and incidence of illness, a great deal of work on their scientific correlation remains to be carried out. This may be one of the subjects which, as a result of the greatly increased knowledge of bacteriology and other contributory causes to disease, has fallen into relative obscurity for all that its importance is considerable.

TABLE XXV.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1950.

Taken Daily at the South Park.

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	No. of days Date of on which Greatest Rain fell (.01 ins. or more)	
	Highest	Lowest	Highest	Lowest				
January ...	30.5	29.2	56	13	1.45	.38	3	14
February	30.1	28.5	56	20	3.10	.61	12	18
March ...	30.4	28.7	65	25	.65	.16	23	10
April ...	30.1	28.7	61	28	1.96	.52	26	22
May ...	30.3	29.4	75	31	.78	.16	6	13
June ...	30.2	29.2	90	37	1.12	.35	21	12
July ...	30.0	29.3	81	42	2.23	.44	22	10
August ...	30.0	29.1	78	43	5.28	.75	28	18
September	29.8	28.5	72	33	2.89	1.06	6	19
October ...	30.5	29.5	67	27	.97	.16	13	14
November	30.1	28.6	56	24	4.88	1.23	22	17
December	30.2	28.7	46	18	2.37	.65	4	15
Totals ...	—	—	—	—	27.68	—	—	182
Averages	—	—	—	—	2.30	—	—	15

§ 2. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department. The Public Analyst, Mr. C. J. H. Stock, carried out as hitherto the chemical examinations. There was complete harmony and co-operation in these fields.

§ 3. MEDICAL EXAMINATION OF STAFF.

The following Table shows the work carried out under this heading. It is to be remarked that this work, which makes no contribution towards the general health of the community and is carried out simply to oblige another Department of the Corporation, occupies a good deal of the time of the Assistant Medical Officers.

TABLE XXVI.

MEDICAL EXAMINATIONS OF CORPORATION STAFF.

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Grand Total
	Male	F'male	Male	F'male	Male	F'male	Male	F'male	
Architect's	6	1	...	...	...	...	6	1	7
Education	33	62	...	18	2	...	35	80	115
Electricity	28	...	...	...	...	...	28	...	28
Fire	2	1	...	...	1	...	3	1	4
Gas	40	...	...	1	...	...	40	1	41
Health	2	13	...	24	...	...	2	37	39
Library and Museum ...	1	...	...	...	...	...	1	...	1
Markets	4	...	...	...	...	...	4	...	4
Parks, Cemeteries and Baths	17	3	...	2	...	...	17	5	22
Surveyor's (incl. Water) ...	72	...	2	11	8	...	82	11	93
Town Clerk's ... ..	...	1	...	...	...	...	...	1	1
Treasurer's	5	1	...	2	...	...	5	3	8
Transport	32	9	1	3	20	...	53	12	65
Welfare (incl. British Restaurant and Municipal Hos.)	2	3	...	...	...	...	2	3	5
Probation Office ... ..	...	...	...	...	...	...	...	...	...
Totals ...	244	94	3	61	31	...	278	155	433

§ 4. SWIMMING BATHS.

The Superintendent of the Public Baths has kindly submitted the following report:—

“The Darlington Baths Department, Gladstone Street, comprises two Swimming Pools, (A) the Gladstone Bath, 100ft. x 40½ft. (3½ft. to 7½ft. depth), capacity 140,000 galls, with 78 dressing cubicles and 72 lockers. Pool fittings include graduated 3 metre diving stage, 1 metre spring board and water chute. This pool was extensively patronised during the year ending 31st March, 1951, 78,443 persons being admitted.

(B) The Kendrew Bath, 100ft. x 48ft. (2½ft. x 5½ft. depth), capacity 100,000 gallons, with 78 dressing cubicles and fitted with 2½ metre graduated diving stage. This pool is largely used by the Education Committee for the teaching of swimming; total admissions for 1950-51 113,492.

The water of both pools is continuously circulated through a battery of pressure filters, treated with the "Breakpoint" technique of water sterilisation resulting in an absolute sterile water comparable to drinking water of a deep crystal clear blue colour. The water is then re-heated to 75° F. before returning to the ponds.

Samples of pools water are submitted each week to the County Analyst for bacteriological examination and in no case during 1950-51 was an adverse report made.

The Kendrew Bath, during 1949, received roof re-construction costing £4,000; this greatly improved the acoustics and gave improved condensation abatement.

For the winter period, October to March, the Gladstone Bath closes its swimming activities and an oak dance floor is laid and the pools hall converted for the use of general social activities. Dancing is limited to 900 persons, and 1,600 seatings can be provided for concerts, etc.

There are Ladies' and Gents' Hot Bath Suites, 14 baths in all, and 15,461 used these in 1950-51, giving an overall bathing total of 207,896 persons enjoying one or the other of the department's facilities in 1950-51. This is an all-time record attendance.

The department has a good economical standard, the 1949-50 rate call being 1.25d. and for 1950-51 only 1.06d. in the £."

SECTION G.

SANITARY CIRCUMSTANCES.

(ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR).

§ 1. INTRODUCTORY LETTER AND ANALYSIS
OF INSPECTIONS.

Mr. Chairman ,Councillor Mrs. Lyonette and Gentlemen,

I have the honour to submit for your consideration, a report of the work carried out in the Sanitary Section of the Health Department during the year 1950.

Steady progress has been maintained throughout the year in the sphere of Food Hygiene and many improvements have been made, particularly to rooms to which the general public have no access. The fact that much of this work has been done voluntarily is an indication of the hygiene consciousness of food traders.

With regard to Milk Supply, it is with particular satisfaction that I am able to report such excellent results from samples taken, not only for bacteriological examination but also for the detection of tubercle bacilli. The samples were representative of the supplies from all sources, and therefore afford proof of cleanliness and freedom from infection of all milk sold in the town.

The supply of adequate housing accommodation continues to be a major problem, and the high and steadily rising costs of property maintenance presents one of our greatest difficulties when we are faced with the question of repairs to houses of great age, and let at low rentals.

Each successive year produces a spate of new legislation contained in Acts, Orders, and Regulations, and whereas it is my earnest desire to see that such legislation is fairly administered, I am finding it increasingly difficult with the present limited staff to do full justice to all the duties which now devolve upon the Department. It is my duty therefore, again to draw your attention to the inadequate number of qualified Inspectors on the staff, and respectfully to ask that consideration be given to increasing that number.

I have the honour to be,

Your obedient servant,

F. WARD,

Chief Sanitary Inspector and Inspector
of Meat and Other Foods.

ANALYSIS OF INSPECTIONS.**Inspections with reference to Housing Conditions.**

Housing Inspections	...	...	...	...	...	1,541
Investigations concerning re-housing applications	...	...	...	...	...	215
Tenements	...	...	...	...	...	11
Re-inspections	...	...	...	...	...	2,646
Dirty and verminous premises	...	...	...	...	...	105
Overcrowding	...	...	...	...	...	263
Living Vans	...	...	...	...	...	361
Common Lodging Houses	...	...	...	...	...	53
Inspections re nuisances (other than dwellings)	...	...	...	...	...	410
Interviews with owners, builders, etc.	...	...	...	...	...	1,962
Total						7,567

Inspections with reference to Food.

Abattoir	...	...	...	...	...	632
Markets	...	...	...	...	...	136
Registered Food Premises	...	...	...	...	...	232
Food Shops (General Dealers, etc.)	...	...	...	...	...	572
Unsound Food	...	...	...	...	...	247
Restaurant Kitchens	...	...	...	...	...	74
Canteens	...	...	...	...	...	89
Snack Bars	...	...	...	...	...	29
Bakehouses	...	...	...	...	...	163
Fish Friers	...	...	...	...	...	176
Ice Cream Manufacturers	...	...	...	...	...	152
Ice Cream Vendors	...	...	...	...	...	227
Dairies and Milkshops	...	...	...	...	...	167
Sampling	...	...	...	...	...	737
Total						3,633

Sundry Inspections.

Drain Testing	...	...	...	...	...	29
Rat Infestation	...	...	...	...	...	2,567
Infectious Diseases and Contacts (including Food Poisoning and Dysentery)	...	...	...	...	...	880
Collection of Pathological Specimens	...	...	...	...	...	834
Transferable Deaths	...	...	...	...	...	3
Factories, excluding Bakehouses	...	...	...	...	...	372
Pharmacy and Poisons Act	...	...	...	...	...	83
Stables and Piggeries	...	...	...	...	...	139
Offensive Trades	...	...	...	...	...	49
Smoke Abatement	...	...	...	...	...	27
Miscellaneous Inspections	...	...	...	...	...	12
Ineffective Visits	...	...	...	...	...	1,410
Places of Entertainment	...	...	...	...	...	14
Disinfections and Disinfestations	...	...	...	...	...	616
Total						7,035

Total Inspections.

Housing Conditions	...	...	...	...	...	7,567
Food	...	...	...	...	...	3,633
Sundry	...	...	...	...	...	7,035
Total						18,235

Nuisances.

During the year, 1,258 complaints were received and investigated by the Sanitary Inspectors. In the majority of cases, the complaints referred to housing conditions and disrepair of property.

§ 2. LIVING ACCOMMODATION.**Inspection of Dwelling Houses.**

1. (a) Dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	1,552
(b) Inspections made for this purpose	...	4,198
2. Dwelling houses (included under sub head (1) above) which were inspected and recorded under the Housing (Consolidated Regulations) 1925	...	104

Proceedings under the Public Health Acts.

1. Informal Notices served requiring defects to be remedied or nuisances abated	...	974
2. Formal Notices served	...	241
3. Premises where defects have been remedied or nuisances abated :—		
(a) as a result of informal action	...	728
(b) after service of Formal notice	...	215
4. Defects remedied or nuisances abated	...	3,079

Public Health Act, 1936 (Sections 268 - 269).

There are at the present time 9 sites in the Borough on which living vans are stationed. All the sites are kept under strict observation by this Department. With the exception of 3, all sites are on the outskirts of the Borough. These 3 sites have been in existence for many years and are occupied chiefly by persons of the hawker type, and are not maintained in a satisfactory manner. Complaints are received frequently and it has been necessary to serve Abatement Notices upon the owners which have eventually been complied in a very slipshod manner.

These are typical instances exposing the weakness of the Law in not making provision for the revocation of licences once they are granted, and, it is hoped that future legislation will make suitable provision for such cases.

Disinfestation.

The enormously increased efficiency of present day insecticides is evidenced by the greatly reduced numbers of infestation cases reported to or discovered by members of the Department. Nevertheless it is regarded as essential that the furniture, etc., of all families re-housed into Council Houses should be sprayed against the possibility of vermin being introduced into these houses.

In houses other than those controlled by the Council, where infestation by cockroaches, fleas, bugs, etc., has been found, the occupiers have invariably been extremely willing to avail themselves of the disinfestation facilities provided by the Department.

In all 495 premises have been sprayed with an insecticide which in every case proved quite successful.

§ 3. HYGIENE IN FOOD PREMISES.

Continued improvement in food premises generally has resulted from activities in the above sphere, and it is desired to emphasise the considerable increase in time spent on this work in comparison with pre-war years when routine visits were confined to certain classes of premises, and visits to others were so infrequent as to be negligible.

This, of course, is necessitated by the much higher standard now required in all such premises, and the enforcement of new regulations requiring special equipment, notably in ice cream factories.

The Sanitary Inspector is handicapped in the rate of progress by the somewhat vague requirements of Section 13 of the Food and Drugs Act, 1938, and must perforce rely on persuasion and co-operation to secure improvements, many of which would be difficult to enforce legally. The Department has been fortunate in receiving that co-operation in the majority of cases dealt with, but there is, however, a small minority of traders who observe only the minimum legal standard, and are reluctant to do otherwise.

It is hoped that powers will be strengthened as a result of reports by the Working Committees which have investigated conditions and practices in certain food industries.

Restrictions on the granting of catering licences appear to have been eased by the Ministry of Food, but liaison still operates between this Department and the local Food Executive Officer to ensure that licences are only granted to applicants having suitable premises.

Proceedings relating to contraventions of the Food and Drugs Act, 1939 (Section 13).

1. Informal Notices served	...	...	...	...	68
2. Formal Notices served	...	...	...	...	nil
3. Informal Notices complied	...	...	...	...	78
4. Formal Notices complied	...	...	...	...	2

As a result of the above proceedings, 176 items of work have been carried out, largely in connection with general cleanliness, improvements to hand washing and crockery washing facilities, and the remedying of structural defects.

Many improvements have also been carried out voluntarily by traders, but may be regarded as resulting largely from our inspections and interviews.

An Outbreak of Sonnei Dysentery.

The Medical Officer of Health has already given details of the outbreak, but the following table showing the number of specimens collected for submission to the Public Health Laboratory, will give some idea of the amount of work involved, not only in the collection of the specimens and data in each case notified, but also in the recording and collation of results.

Samples of Faeces and Rectal Swabs submitted to Public Health Laboratory.

1. Other than Schools.

Patients				1st test	2nd test	3rd test	4th test	5th test
(a) Positive	...	...		44	11	2	—	—
(b) Negative	...	...		63	33	8	4	2

Contacts.

(a) Positive	...	...		21	4	1	—	—
(b) Negative	...	...		159	17	3	1	—
				287	65	14	5	2

2. School A. — Children and Staff.

(a) Positive	...	...		71	27	3	—	—
(b) Negative	...	...		106	43	24	3	—
				177	70	27	3	—

3. School B. — Children and Staff.

(a) Positive	...	...		18	6	1	1	—
(b) Negative	...	...		49	14	7	—	1
				67	20	8	1	1

4. School C. — Children and Staff.

(a) Positive	...	...		10	3	1	—	—
(b) Negative	...	...		61	7	3	1	1
				71	10	4	1	1

Total Positive Samples — 224.

Total Negative Samples — 610.

Grand Total — 834.

42 samples of various foodstuffs, 2 swabs from ani of dogs, and 2 swabs from mouth and anus of budgerigar, were taken and submitted to the Bacteriologist in connection with cases of suspected dysentery.

All the samples were reported to be satisfactory, with the exception of 4 samples of Pressed Pork and 2 samples of Pressed Beef which were not quite satisfactory inasmuch as the bacteriological count was unusually high, although no pathogenic organisms were isolated. Investigations were made, advice given to the manufacturers, and further samples taken were reported to be satisfactory.

Prosecutions.

During the year, one prosecution was taken against the owner-occupier of food premises for failure to comply with the requirements of Section 13 of the Food and Drugs Act, 1938.

The premises in question were found to be in a dilapidated condition, and cleanliness was not observed by the persons engaged in food handling, either in regard to the room, apparatus and utensils, or in regard to themselves and their clothing.

The Magistrates imposed a penalty of £8 8s. 0d. plus £2 2s. 0d. costs, and works of reconstruction and cleansing of the premises were subsequently carried out.

Disinfestation of Food Premises.

All school dining halls, kitchens, serveries, etc., and the majority of fried fish shops and many other food premises, were treated with a contact insecticide to control fly infestation. It was noticed that the treatment carried out appeared to be very successful with the exception of fish shops where flies are attracted by the very nature of the trade. Methodical washing and storage of fish boxes, and the provision of sealed bins do much to eliminate the trouble, and it is pleasing to note the increasing use of metal lined boxes for the transport of wet fish.

§ 4. ICE CREAM.

During the year the number of dealers in Ice Cream on the active list was as follows —

1. Manufacturers of Ice Cream	15
2. Vendors of Ice Cream (loose)	50
3. Vendors of Ice Cream (pre-packed)	162

102 samples were taken and submitted for bacteriological examination. The results were as follows:—

Grade 1	Grade 2	Grade 3	Grade 4
58	20	14	10

There is no legal standard for Bacteriological Examination, but the provisional grades suggested by the Ministry of Health are as follows:

Grade 1.	Time taken to reduce Methylene Blue	$4\frac{1}{2}$ hours or more
Grade 2.	do.	$2\frac{1}{2}$ - 4 hours
Grade 3.	do.	$\frac{1}{2}$ - 2 hours
Grade 4.	do.	0 hours

Therefore 78 samples were classed as satisfactory, 14 not quite satisfactory, and 10 unsatisfactory. In all cases where the samples were not satisfactory, visits were made to the factories during the period of processing of the ice cream and advice given to the manufacturers. Further samples were taken and in all cases satisfactory results were obtained.

Through being in constant touch with local manufacturers, your Chief Sanitary Inspector finds they are doing their utmost to comply with the regulations, and to produce Grade 1 samples. Their disappointment and bewilderment is obvious when informed of unsatisfactory results.

They have all spent considerable sums of money on new apparatus which unfortunately in tending to congest floor space in some of the smaller premises, and there is no reason to doubt that the progressive manufacturers are anxious to erect more spacious premises when prevailing restrictions on building are lifted.

Chemical analysis.

39 samples were taken and submitted for Chemical Analysis. A summary of the results is given below:—

Range of Fat Content				No. of Samples	
Under	2.5%		...	...	1
From	2.5%	to	3.0%	...	1
	3.0%		4.0%	...	5
	4.0%		5.0%	...	4
	5.0%		6.0%	...	3
	6.0%		7.0%	...	0
	7.0%		8.0%	...	7
	8.0%		9.0%	...	3
	9.0%		10.0%	...	4
	10.0%		and over	...	11
					<hr/> 39 <hr/>

Although there is no legal chemical standard at present for Ice Cream, arrangements have been made by the Ministry of Food to supply additional fats and sugar to manufacturers who have signed an undertaking that their ice cream will contain a minimum fat content of 2.5%.

As instructed by Circular MF/3/49 the results of all analyses have been reported to the Ministry of Food, and in only one case was the fat content below 2.5%, compared with 11 in 1949.

The average fat content was 7.51%.

During the past two years our efforts to improve the quality of ice cream sold in the Borough have met with considerable success.

Strict supervision has been continued of all premises where ice cream is manufactured, stored and sold, and the cleanliness of these premises has been satisfactorily maintained. 379 visits were made to premises where ice cream was produced or sold. Most of the "fixed" stalls and vendors vehicles have facilities provided for hand washing, including warm water, soap, towel and nail brush.

§ 5. PRODUCTION AND DISTRIBUTION OF MILK.

Since the 31st October, 1949, when the new Milk and Dairies Regulations, 1949, came into force, particular attention has been paid the distribution aspect of milk supply. It is pleasing to report that in this Borough the retail sale of loose milk from the small street corner shop has now ceased, and only a very small amount of loose milk is purveyed by Distributors in the streets.

The remaining dairymen, with larger milk rounds and better premises, are making every effort to comply with the requirements of the new Regulations.

The total number of persons/premises on the Register is as follows :—

Dairies	Other than Dairy Farms	...	...	9
Distributors	(a) Bottled milk only			
	(as received)	...	...	37
	(b) Residing outside, but retailing			
	inside the Borough	...	...	5

Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The number of persons dealing in designated milk subject to the above Regulations are shown below.

	Grade of Milk.			
	Tuberculin Tested	Accredited	Pasteurised	Past. T.T. Sterilised
Pasteuriser/Bottler/ Retailer	1	—
Bottler/Retailer	...	7	—	—
Dealer	...	5	14	5 19
Supplementary/Dealer (Retailer)	...	2	—	—

The approximate daily quantities of milk sold in the Borough are as follows :—

	Gallons	Percentage
Tuberculin Tested ...	1240	18.59
Tuberculin Tested Pasteurised	358	5.37
Pasteurised	4198	62.93
Sterilised	135	2.02
Undesignated (bottled)	720	10.81
Undesignated (loose) ...	19	0.28
	<hr/> 6670	<hr/> 100.00%

Bacteriological Examination of Milk.

Samples of all milk sold in the Borough are taken regularly and submitted for Bacteriological Examination.

In all, 193 samples were submitted and subjected to the Methylene Blue Test with the following results :—

Designation	Satisfactory	Unsatisfactory	Total
Tuberculin Tested ...	51	—	51
Accredited	9	1	10
Undesignated	34	2	36
Pasteurised	65	3	68
Pasteurised T. T. ...	28	—	28
	<hr/> 187	<hr/> 6	<hr/> 193

It is gratifying to know that only 6 samples failed to comply with the standard of cleanliness required by the Regulations. In all 6 cases reported to be unsatisfactory, further samples were taken and found to be satisfactory.

96 samples were taken and submitted for the Phosphatase Test with the following results :—

Designation	Satisfactory	Unsatisfactory	Total
Pasteurised	68	—	68
Pasteurised T. T. ...	28	—	28

21 samples of Sterilised Milk were taken also, and submitted for examination and only 1 sample failed to pass the Turbidity Test. In the latter case, appropriate action was taken, a further sample was procured, and this was reported to be satisfactory.

Biological Examination of Milk.

It is generally believed that biological examination of milk for the detection of Tubercle Bacilli is of the utmost importance, especially when one bears in mind the amount of milk consumed particularly by children at school and in the home. During the year, every source of milk supply sold in the Borough has been examined; and, for this purpose, 84 samples were sent to the Public Health Laboratory for examination for the detection of tubercle bacilli. It is satisfactory to state that all the samples were reported to give negative results.

The last Annual Report contained details of 2 samples of milk which the Bacteriologist had found to contain Tubercle Bacilli. After prolonged investigation, it is now possible to report further on these samples

CASE NO. 1. — A short time after the sample was procured, a cow was sent in to the abattoir for slaughter. This animal was examined and condemned for generalised tuberculosis with lesions in all organs including the udder. Further enquiries revealed that the animal was from the herd from which the sample gave a positive reaction.

CASE NO. 2. — A short time after the sample was taken, a "bobby calf" was slaughtered at the abattoir. Post mortem examination revealed congenital tuberculosis with tubercle lesions in liver, lungs, and associated lymphatic glands (carcase weight 22lbs). On investigation, the dam, although having changed ownership, was found to be from the same herd from which the sample gave positive reaction.

The cow was eventually sent into the abattoir for slaughter under the Tuberculosis Order. Post mortem examination revealed the carcase to be affected with generalised tuberculosis, there being diffuse lesions on pleura and peritoneum and most of the organs, including uterus and udder were affected.

It is satisfactory to report that further samples taken from both supplies have now shown the milk to be free from infection.

§ 6. WORK UNDER FOOD AND DRUGS ACT, 1938.

221 samples of Food and Drugs were taken and submitted for analysis to the Public Analyst. 204 of these samples were Informal and included 83 of milk, 39 of ice cream, and 82 of various other foods. 17 were Formal samples and consisted of 13 of milk, 3 of pork sausage, and 1 of beef sausage.

The following table shows the composition of milk samples, and action taken in connection with those which did not comply with the Sale of Milk Regulations, 1939.

Sample No.	N.F.S.	Fat.	Freezing point. Hortvet.	Deficiency.	Formal or Informal.	Remarks.
11	8.86%	2.75%		8.4% fat	Informal	Formal sample taken, reported to be genuine
80	8.72%	2.80%		6.7% fat	"	Warning given to vendor to ensure adequate mixing of milk prior to bottling.
104	7.20%	3.10%	-0.429°C.	15.3% added water	"	4 Formal samples taken reported to be genuine.
107	8.66%	2.90%		3.3% fat	"	2 Formal samples taken, reported to be genuine.
203	8.29%	3.80%	-0.499°C.	6.0% added water	"	} Police Court proceedings—case dismissed.
205	8.21%	3.75%	-0.499°C.	6.0% added water	Formal	

Details of Samples of Other Foods Reported to be Unsatisfactory.

Pork Sausage.

Sample No. 176/190.

Informal sample of Pork Sausage revealed a deficiency of 12% meat content. Formal sample revealed 22% deficiency in meat content. Letter of warning sent to the manufacturer.

Pork Sausage.

Sample No.. 179/191.

Informal sample of Pork Sausage revealed a 6% deficiency in meat content. Formal sample revealed 5.4% deficiency in meat content. Letter of warning sent to manufacturer.

Pork Sausage.

Sample No. 180.

Informal sample of Sausage revealed a deficiency of 6% meat content. Formal sample taken and reported to be genuine

Pork Sausage.

Sample No. 182.

Informal sample of Sausage revealed a deficiency of 16% meat content. Unable to secure formal sample owing to manufacturer of pork sausage being discontinued temporarily. Formal sample of beef sausage reported to be genuine.

§ 7. INSPECTION OF MEAT AND OTHER FOODS.

The total number of animals inspected at the time or immediately after slaughter, by qualified Officers of this Department, was 22,939 including 1,143 slaughtered in emergency.

	Cows	Other Bovines	Calves	Sheep	Pigs
Routine	640	3,715	3,658	12,896	887
Emergency	205	132	164	213	429
Total	845	3,847	3,822	13,109	1,316

In presenting the above figures, attention is directed to the amount of work involved in examining these animals. There are many people who believe that Meat Inspection merely entails a casual glance here and there to assess fitness or otherwise, instead of the systematic and scientific approach which involves detailed examination, by incision and other means, of carcasses and all organs.

This work has been done by three Officers operating singly on a rota system, and during the peak slaughtering period prevailing from July to November, when slaughtering was taking place almost every day of the week, the routine District Sanitary Inspection for which these Officers are also responsible, was of necessity adversely affected.

Carcases Inspected and Condemned.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	3,847	845	3,822	13,109	1,316
Inspected	3,847	845	3,822	13,109	1,316
All Diseases except Tuberculosis.					
Whole carcasses condemned	14	32	47	47	28
Carcasses of which some part or organ was condemned	1,089	315	13	355	243
Percentage of the number inspected affected with dis- ease other than Tuberculosis	28.67%	41.06%	1.57%	3.06%	20.59%
Tuberculosis only.					
Whole carcasses condemned	16	46	14	—	7
Carcasses of which some part or organ was condemned	468	247	—	—	53
Percentage of the number inspected affected with Tuberculosis	12.58%	34.67%	0.36%	—	4.56%

Note.—The above table shows 46 Cows condemned for Tuberculosis which is an increase on the previous year's figure (28). There is, however, a slight decrease in the percentage of Cows affected with Tuberculosis; last year's figure being 39.05%

Liaison with Veterinary Officers of the Ministry of Agriculture and Fisheries has continued in the case of calves found to be affected with congenital tuberculosis, and cows with advanced tuberculosis and showing lesions in the udder and/or uterus. The findings resulting from their investigations at the farms has again proved the value of such liaison.

Details of Whole Carcasses Condemned.

		Tons	Cwts.	Stones	Lbs.
46 Cows	Tuberculosis generalised	10	14	5	1
11 Heifers	or with Emaciation	2	7	3	5
5 Bullocks	" "	1	8	0	9
14 Calves	" "		11	3	8
7 Pigs	" "		9	6	4
19 Cows	Johnes's disease and Emaciation	3	13	7	7
2 Heifers	" " "		4	6	4
1 Bullock	" " "		2	1	2
2 Cows	Enteritis and Emaciation		6	5	6
9 Calves	" "		4	1	2
2 Sheep	" "			5	0
1 Pig	" "			1	13

Tons Cwts. Stones Lbs.

8 Sheep	Cirrhosis and Emaciation	...	2	7	3
1 Pig	"	...		1	7
1 Bullock	Emaciation and Dropsy	...	1	7	11
1 Calf	"	...		5	7
10 Sheep	"	...	3	5	13
1 Pig	"	...		5	7
1 Cow	Pyelonephritis	...	3	1	0
1 Pig	"	...	3	0	8
1 Sheep	Acute Nephritis	...		2	5
1 Cow	Septicaemia	...	5	1	0
2 Heifers	"	...	4	4	2
2 Pigs	"	...	2	7	11
1 Cow	Septic Mammitis	...	4	7	4
2 Sheep	"	...	1	3	4
1 Cow	Septic Metritis	...	6	7	2
2 Cows	Septic Pericarditis	...	8	4	12
1 Calf	"	...	1	2	3
2 Pigs	"	...	3	1	4
1 Sheep	Septic Peritonitis	...		4	2
2 Pigs	"	...	1	5	12
3 Calves	Septic Pneumonia	...	2	2	1
1 Sheep	"	...		2	12
1 Cow	Pyæmia	...	4	0	8
1 Heifer	"	...	3	7	0
1 Bullock	"	...	5	5	2
1 Bull	"	...	7	1	10
9 Calves	"	...	3	2	7
2 Sheep	"	...	1	0	7
1 Sheep	Gangrene	...		3	5
1 Pig	Jaundice	...		5	4
2 Cows	General Dropsy	...	7	6	2
1 Heifer	"	...	4	3	0
2 Sheep	"	...		5	13
16 Calves	Immaturity	...	4	3	4
1 Pig	"	...		1	6
1 Cow	Extensive Bruising	...	6	1	2
1 Bullock	"	...	4	2	6
1 Calf	"	...		2	12
3 Sheep	"	...	1	1	0
1 Pig	"	...		1	10
1 Cow	Moribund	...	4	3	0
3 Calves	"	...	1	1	3
4 Sheep	"	...	1	5	2
3 Pigs	Decomposition	...	6	1	1
4 Sheep	"	...	2	1	4
1 Pig	Medicine Taint	...		2	10
1 Sheep	"	...		3	12
1 Bullock	Uraemia	...	6	2	12
1 Sheep	Melanosis	...		4	2
1 Calf	Leukaemia	...	2	1	4

						Tons	Cwts.	Stones	Lbs.
2 Heifers	Acute Peritonitis	...	...	...	...	7		6	6
2 Calves	" "	...	...	...	...	2		2	3
1 Pig	" "	...	...	...	...	1		6	10
1 Calf	Acute Fever	...	...	...	...			2	12
4 Sheep	"	...	...	...	...	2		0	7
6 Pigs	"	...	...	...	...	6		1	11
4 Pigs	Acute Erysipelas	...	...	...	...	5		3	3
<hr/>						<hr/>			
251	Total	...	...	...	...	28	11	3	13
Portions of carcasses and offal condemned						22	9	3	11
<hr/>						<hr/>			
Grand total						51	0	7	10
<hr/>						<hr/>			

Cysticercus Bovis.

Inspection has been carried on throughout the year for the detection of this parasite in cattle but very few cases have been brought to light, and your Chief Sanitary Inspector is satisfied therefore, that the disease is not widespread in this area.

In no case has total condemnation been considered necessary, and the recommended cold storage procedure has been followed.

Hygiene in the Abattoir.

Normal slaughterhouse practice inevitably results in the production of dirt and offensive accumulations of organic matter, and constant removal of such accumulations and swilling of floors is necessary whilst slaughtering proceeds. It is satisfactory to record the willing co-operation of the Butchers' Association, who are the slaughtering contractors, in making available sufficient staff to ensure that this work is done efficiently.

Discussions with Ministry of Food officials have also reached a successful conclusion regarding the provision of bins for various trimmings, renewal of blood trays, provision of a wash-basin in the slaughterhouse, and other minor improvements.

There are many occasions when it is felt that cold storage facilities would be a boon at the Abattoir, especially in hot weather when small quantities of meat may be left over the week-end until the following week. The time when such facilities may be provided is hoped for.

Other Foods Condemned.

7 tons, 15 cwt., 11 lbs. of various provisions were condemned, including 6,989 tins of food.

This shows an increase over the previous year's figure of the amount of canned goods condemned, and although the N.A.A.F.I. Warehouse is one of the main contributors, the aggregate from retail traders is quite considerable. These traders invariably require separate certificates of condemnation whereby to notify their various wholesalers, and frequently as many as 12 certificates are issued as a result of one examination of food.

The current shortage of butcher's meat is reflected in the large amount of canned meat products examined, and it is interesting to note the increasing number of countries from which these products are imported. One often wonders whether a rigid code of hygiene and inspection operates in all these countries, and where lies the cause resulting in so much of this food being condemned for unsoundness.

§ 8. OFFENSIVE TRADES.

Inspections of these trade premises have been carried out systematically. Offences of only a minor character were dealt with.

The numbers of offensive trades on the Register are as follows :—

- 1 Fat Refining and Tripe Boiling.
- 2 Tripe Boiling.
- 2 Fat Refineries.
- 1 Gut Scraping.
- 3 Rag and Bone Dealing.

One Fat Refinery has given cause for complaint by people living in a residential area of the town. Thorough investigations have been made, and the owner of the factory has promised to construct, at an early date, apparatus designed to condense the bulk of the obnoxious vapours, and thus to eliminate any further cause for complaint.

The nuisance is due to the fact that all types of animal waste products are sterilised under pressure in steam jacketted containers. Approximately every four hours, the pressure is released prior to unloading, and the obnoxious vapours are dispersed into the atmosphere after passing up the chimney. The prevailing winds are in the south west, fortunately, and blow the offending vapours away from the town ; but with an unfavourable wind, the nuisance is very evident.

Fried Fish Shops.

There are at the present time 60 Fish Friers on the Register. These premises have been visited regularly, 176 visits having been made by the District Sanitary Inspectors. Structural improvements have been carried out in many cases in these shops, particularly in the preparation rooms in order to comply with our high standard of requirements.

§ 9. RODENT CONTROL.

Organisation.

Recommended and approved by the Ministry of Agriculture and Fisheries.

One full-time Rodent Operative.

Additional four men supplied by the Borough Surveyor for 6 to 8 weeks every six months for treatment of sewers. These men work under the direction and control of the Rodent Operative.

Methods.

Recommended and approved by the Ministry.

Bait bases — Sausage rusk, bread, and flour.

Poisons — Zinc phosphide, arseneous oxide, and red squill.

Two to four days prebaiting, one day poison-baiting, one day checking. Post baiting is carried out.

Sewers Mainenance Treatment.

Two Sewer Maintenance Treatments have been carried out ; the first during the period 16th January to 25th February, and the second from 5th June to 26th June, 1950, details of which are set out below :—

	1st	2nd
Total number of manholes in foul and connected systems	1537	1537
Manholes baited	753	368
„ showing pre-bait take	132	71
„ showing complete pre-bait take (on one or both days)	73	52
Schemes of baiting used	1st, 3rd, 5th and consecutive.	
Manholes test-baited	347	300
Total estimated kill	722	351

Surface Infestations.

Corporation Properties.

Hundens Tip

Haughton Tip

Salvage Depot

Treated as required.

Infestations of rats and mice in all Corporation properties, including schools, are dealt with as they arise.

Business Premises.

Charge — 3/- per hour plus cost of materials.

Occupiers co-operate and report infestations to this Office, when they receive prompt attention. In no case has it been necessary to take formal action.

Private Dwellings.

Charge — 2/6 for pre-baiting and surveying.

2/6 for poison-baiting.

Complete treatment 5/-.

Occupiers willingly report infestations and where infestations have been brought to the notice of occupiers, they have willingly signed Order Forms to have the infestations dealt with. No formal action has been taken.

Block Control.

When investigating complaints or dealing with infestations, the Rodent Operative surveys the area concerned and the survey is recorded. Infestations found during surveys are dealt with as already stated.

General.

Premises dealt with	...	...	...	974	
Visits made	...	...	...	2406	
Bodies seen — rats	...	...	...	734	+ 10 trapped
mice	...	...	...	200	+ 18 trapped
Amount of poison bait taken—rats	...	...	...	1193	ozs.
—mice	...	...	...	360	4/5 oz.
Estimated number of rats killed (assessed Ministry of Food formula)	...	...	...	2982	+ 11 trapped
Estimated number of mice killed (assessed 1 5th ounce per mouse	...	...	...	1804	+ 72 trapped

§ 10. MISCELLANEOUS PROVISIONS.

Slaughter of Animals Act, 1933.

The number of slaughtermen's licences issued during the year was 40, of these 15 were for men employed at the abattoir; the rest were acquired relative to the slaughtering and dressing of self suppliers pigs.

Fertiliser and Feeding Stuffs Act, 1926.

6 samples of Feeding Stuffs were taken and submitted to the Agricultural Analyst. The analyst reported that all samples complied with the statutory requirements.

Pharmacy and Poisons Act, 1933.

There are 86 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List. The majority of these traders limit their sales of poisons to disinfectants and ammonia.

All listed persons have been visited, and advice given relative to storage, labelling and sale of the various poisons.

Factories Act, 1937.

There are 571 Factories on the Register of which 389 have mechanical power, and 182 are without power.

During the year, 469 inspections were made, and 40 defects dealt with.

One Notice of Defects to be dealt with under the Factories Acts was received from the Factory Inspector. The premises were inspected and the defects remedied after informal action.

Outworkers.

Lists containing the names of Outworkers were received and inspections of the premises of such outworkers were made.

Common Lodging Houses.

There is One Common Lodging House on the Register with accommodation for 161 lodgers.

The lodging house is regularly inspected and, with the exception of minor offences, the premises have been kept in a satisfactory condition.

SECTION H.

WATER SUPPLY AND SEWAGE DISPOSAL, ETC.

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.Inst., C.E., A.R.I.C., to whom I am indebted:—

“Water Supply.—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

“During the year bacteriological examinations of the raw filtered and chlorinated water were made on 53 occasions and on tap water from different areas of the town on 59 occasions.

“Details of the total annual water consumption for the last nine years are given below and it will be seen that the consumption for the year ending 31st March, 1950, has continued the downward trend first apparent last year.

Year ending 31st March.					Gallons pumped.
1942	...	...	...	...	1,670,190,000
1943	...	...	...	...	1,726,350,000
1944	...	...	...	...	1,863,230,000
1945	...	...	...	...	1,861,210,000
1946	...	...	...	...	1,899,850,000
1947	...	...	...	...	1,877,610,000
1948	...	...	...	...	1,950,890,000
1949	...	...	...	...	1,886,860,000
1950	...	...	...	...	1,846,280,000

“So far as the quantity of water is concerned, that there are ample supplies available in the River Tees, is shown by the following records taken when the River was flowing at its lowest recorded level in June, 1949.

	Gallons per day.
Water pumped by Tees Valley Water Board ...	7,800,000
Water pumped by Darlington Corporation ...	5,100,000
Flowing over Weir	12,100,000
	<hr/> 25,000,000 <hr/>

“The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is seven million gallons.

“In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

"The approximate total number of dwelling houses within the Borough is 24,675. The whole of these are supplied by water mains direct into the houses except 38 which are served by stand pipes ; i.e., out of a total population of 85,550, 130 are served by stand pipes.

" Rivers and Streams.—The slow running River Skerne enters the town at its East boundary at Haughton-le-Skerne, from whence it flows West and then South. It is crossed by 12 road bridges and is the natural channel for floodwater in the case of heavy rain.

"The condition of the River Skerne has remained relatively good, the improvement reported last year being maintained. Analyses have continued to be taken and, as previously, it was found that the quality of the water varies considerably, being governed by the amount of suspended matter present ; the suspended solid matter is highest when the river is in flood. Watch is continued to see that pollution does not take place in the town itself.

" Sewage and Sewage Disposal.—The policy of the Council to introduce storm water relief sewers and the partially separate system of drainage continues and work on the construction of a new Main Outfall Sewer from the centre of the town to the Sewage Disposal Works commenced in August, 1948, and continues actively.

"The whole of the sewage is treated at the Stressholme Sewage Works where one half of the flow receives preliminary treatment in sedimentation tanks and is then treated by broad irrigation on the Stressholme Farm. The remainder is dealt with by the Sewage Purification Works completed in 1942, which consist of detritus and sedimentation tanks, percolation filters, humus and storm water tanks.

"The four additional percolating filters commenced in March, 1948, were completed in February, 1950. A satisfactory effluent is being produced at the Sewage Works, but it is not as good as it was owing to the increased discharge of gas liquor under agreement with the Gas Board, and other trade wastes from different sources in the town.

"The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town."

Disposal of the Dead.—Three Cemeteries with a total area of 100 acres situated in different parts of the town provide adequate facilities for burial. These Cemeteries are properly planned and well kept. The Crematorium at the West Cemetery is equipped with the latest type of Gas Furnace and is used increasingly each year. It is owned and operated by the Darlington Cremation Society.

SECTION I.

AMBULANCE SERVICE.

Mr. R. H. Patterson, A.M.I.F.E., Chief Fire and Ambulance Officer, in his annual report for 1950 makes the following observations :—

“ It will be observed that there has been a decrease in the number of fire calls received, and the damage done by fire. This is very satisfactory. It does seem to indicate that people are becoming more fire danger conscious and are not delaying informing the Brigade when a fire does occur.

“ The calls for the services of the Ambulance have increased and there have been occasions when the available resources of the service have been greatly strained. That the service has usually been able to cope with all the emergencies is proved by the fact that the few complaints received have been of a trifling nature.

“ The call for Fire Prevention Inspections and consequently the routine work has increased. The maximum amount of work has been carried out always bearing in mind that it is essential that officers must be readily available to ride the appliances to fires. Not all the demands can be met as readily as they should be as the amount of work is fast outgrowing the resources of the limited staff.

“ My thanks are due to the Committee for consideration they have always shown to the request of the purchase of appliances and equipment, etc. It is due to this consideration that the Brigade is steadily reaching a stage of efficiency in Appliances and Equipment and continues to make progress.

“ My thanks are also due for the ready co-operation of the Departments of the Corporation, and to the personnel of the two services for their keenness and loyalty throughout the year.”

The following table extracted from the afore-mentioned report shows the monthly totals of ambulance calls and mileage during the year.

TABLE XXVII.

WORK OF AMBULANCE SERVICE.

Month	Re- movals	Acci- dents	Not required	Gas and Air	For Durham County	For North Riding	Total	Mileage
January	1388	71	39	....	106	46	1650	9813
February	1456	69	54	....	97	62	1738	9304
March	1503	93	9	....	94	59	1758	8139
April	1254	77	21	23	75	38	1488	6272
May	1474	72	19	40	71	48	1719	8253
June	1642	87	28	5	90	31	1883	8604
July	1530	78	20	10	92	24	1754	7213
August	1393	80	16	20	92	34	1635	8455
September	1304	91	33	14	81	16	1539	8473
October	1469	78	25	23	107	11	1713	7766
November	1684	66	22	30	170	25	1997	10219
December	1298	67	29	32	109	38	1573	7991
TOTALS	17395	929	315	197	1184	427	20447	100502



County Borough of Darlington.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.,

for the

Year Ending 31st December, 1950.

ANNUAL REPORT, 1950.

School Clinic,
Greenbank,
Darlington.

*To the Chairman and Members
of the Education Committee.*

Ladies and Gentlemen,

I have the honour to present the School Health Report for the year 1950.

It is pleasant to be able to record a continued high standard of health and physical development of the school children of Darlington. Among those examined at routine medical inspection in the schools, 29.0% were classified as "A" that is of "Good" general condition, 70.5% as "B" or "Fair" and only 0.6% as "C" or "Poor". In this context the expression "Fair" is not intended to imply something less than satisfactory, but to indicate a standard where room for improvement existed in spite of general adequacy. There are, of course, few children even among those classified as "Good" where there is no room for improvement.

At the end of the year, there was a fairly extensive outbreak of measles in the town that accounted for 299 cases among school children. In our present state of knowledge it is impossible to prevent this disease by any artificially induced herd immunity, as has been achieved in respect of diphtheria. Fortunately cases were mild and complications rare.

There was also a widespread outbreak of dysentery in the late autumn. 84 cases were notified among school children. In a number of sufferers a particular dysentery-causing organism *Sh. sonnei* was isolated, but not from all. No source of the infection, which mainly affected the High School for Girls, was discovered and from information from outside sources it appeared to be part of a much wider outbreak in the town and North East generally. The epidemic is fully described in the Annual Health Report.

There were four deaths among school children, one from acute pneumonia, one from pulmonary tuberculosis, one from tuberculous meningitis and one from miliary tuberculosis.

With regard to the organisation of the School Health Service, I have felt that there is scope for more sessions to be devoted to routine medical inspections. Up to the end of 1950, it had not been possible to extend this side of the service as widely as desired, but a total of eight sessions were given to it each week during school term, divided among, Dr. McGarrity (4), Dr. Bishop (3), and the School Medical Officer (1).

An interruption took place at the Open Air School, Salters Lane, as a result of alterations and improvements. A good many of the children who were able to be sent to other schools were temporarily suspended from attendance there, but a small nucleus of some delicate children remained throughout the renovations. It is always necessary to keep the condition of pupils attending a special school under constant review, as the aim of their care is to restore them to normal as soon as possible, when they need the companionship of other normal children rather than of semi-invalids.

The School Dental Service remained in the diminished state described in my last report. Fortunately the Senior Dental Officer, Mr. J. L. Liddell, remained in your service and thus it was possible to keep this most valuable amenity not only in existence, but as an efficient branch of the department. To make it thoroughly efficient, however, an Assistant Dentist is required and he was unobtainable.

A matter of constant concern to a School Medical Officer is whether the best possible use is being made of the system of routine medical inspections, or whether this scheme itself may permit of improvement. With regard to the latter question, in the years before 1939, several alternatives were proposed in certain areas, such as a more frequent general survey of all the children in a school, with special examination of those who appeared to be below average. No equally good or better substitute for the routine inspection has, however, so far been found. Whatever method is adopted the aim should be to have by leaving time a clear idea of how each individual child has developed during his school years, how far he may be said to conform to, surpass or fall beneath normal standards, and if possible, to know what hazards in working life he or she are particularly to avoid. When this is recognised as the motive of an enlightened school health service, it will be realised how much more than merely formal inspections are needed and also how much is still required from our present service, even at its best, to reach this standard.

When it began, the School Health Service was little more than a means of finding defects that would otherwise have escaped notice and treatment until they had developed into a serious handicap. This still constitutes a large part of the work, but recognition is given to its wider responsibilities by the certificate to be passed on at leaving school to the Youth Employment Department, indicating those occupations from which for any reason the adolescent should be debarred. With regard to children of sub-educational standards, case conferences were established towards the end of the year between the Headmaster of Barnard School, the Youth Employment Officer, the Educational Psychologist and the Mental Health Worker of the Health Department to discuss the possibilities and placing of each individual young person.

A constantly recurring matter to receive mention in successive reports is infestation with vermin. Actual lice are rarely detected at school inspections, but nits in the hair are all too common. In spite of repeated detection and advice, the number of infested children

remains fairly constant. The problem is, of course, a much wider one than of school children alone and every relapsing infested child represents a home with one or more habitually verminous members. Sometimes these are elderly persons who have lost pride in their appearance, but often they are young women whose apparently smart hair styles conceal a host of parasites.

As in previous years, the report of the Educational Psychologist on the work of the Child Guidance Clinic takes up a fair space in the following pages. The place of this Clinic relative to the School Health Service is somewhat undefined, as the visiting Psychiatrist and other members of his team do not appear to regard themselves as members of the School Medical Staff. The need, however, for the closest possible liaison between their part of the work and the rest of it as carried out under my direction requires no emphasis, especially in these days when mental health is coming to dominate so greatly the field of contemporary medicine.

It is hoped that in some future year it may be possible to include a comprehensive survey of the work of the Child Guidance Clinic in Darlington, giving in more detail the kind of cases assisted, the treatment given and the results obtained. With the points listed by Mr. Saunders especially noted in the year's work, I am in general agreement. It is necessary to remember, however, with regard to housing that cases referred from the Clinic must take their turn in the very numerous group brought to notice from other sources which accounts for such delay as may have been experienced in rehousing them.

The value of Nursery Schools has also been established, both for the child with too few siblings and for the mother temporarily strained by the care of a large family. Any provision, however excellent in certain circumstances, that tends in the long view to weaken the sense of parental responsibility and to encourage in parents a belief that someone other than themselves has the primary care of their offspring is to be deprecated and Nursery School policy like everything else should be scrutinised from this angle.

In conclusion I should like to thank Dr. A. McGarrity for her continued good work in taking medical charge of the School Clinic and of the many extras arising from its routine work in addition to her ophthalmic duties. I should also like to thank the Chairman and Members of the Education Committee for their continued interest and the School Nurses and Clerical Staff for their keen co-operation.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER.

School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE.

Coun. M. Lyonette (The Mayor till May, 1950).

Ald. R. Luck (Chairman)

Ald. H. P. Bell, J.P. (Vice Chairman)

Ald. A. J. Best, J.P.	Coun. B. E. Pigg
Ald. W. Heslop, J.P.	Coun. R. Thompson (till 24.5.50)
Ald. T. E. Hudson.	Coun. Dr. A. Ingham
Coun. H. Buckborough.	(from 25.5.50 to 29.6.50).
Coun. J. Neasham.	Coun. Mrs. Lyonette
Coun. C. Dougherty.	(from 25.5.50).
Coun. F. Thompson.	Coun. J. W. Harrison
Coun. G. E. Wilson.	(till 24.5.50).
Coun. R. H. Loraine.	Coun. Mrs. Heslop (from 29.6.50)
Coun Mrs. Madderson	Coun. J. G. Willey (from 29.6.50)
(till 24.5.50).	Miss O. M. Stanton, M.A.
Coun. J. L. Mortimer	

SCHOOL MEDICAL AND DENTAL SERVICE STAFF.

School Medical Officer.

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Assistant School Medical Officers.

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.

J. F. Bishop, M.B., Ch. B. (part-time).

Senior Dental Officer.

J. L. Liddell, L.D.S.

Anaesthetist.

E. R. Dingle, M.B., B.S. (part-time).

Psychologist.

R. V. Saunders, M.A., B.Ed.

Psychiatrist.

W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (Part-time)

Psychiatric Social Worker.

Mrs. K. W. Hudson, (part time) (from 16/1/50)

Teacher of Classes for Children Who Experience Hearing Difficulties.

Muriel Scott.

Senior School Nurse.

Gladys M. Whittaker.

School Nurses.

Doris M. Goodinson.
Laura Addison.

Hilda M. Gardiner.
Dorothy Young.

Clerks.

Audrey C. Smith (Senior Clerk).
Patricia Harris.

Teresa Howell.
Mary Langhorne.

School Population.

2-5 years	...	...	...	...	...	...	...	478
5 years and over	...	...	...	...	...	...	...	11,664
Total ...								<u>12,142</u>

School Meals and Milk.

1,052,852 meals were distributed to school children, of these, 61,453 were provided free. The average number of meals distributed per day was 5,217.

1,869,167 bottles of milk were supplied.

School Nurses.

The Nurses paid 660 surprise visits to the schools and 1,130 cases of uncleanliness of the head were found. The number of individual children remaining uncleanly in this respect at the end of the year was 472.

1,802 home visits were paid re follow-up from medical inspection, cleanliness and infectious diseases.

1,352 children were seen in school who had been in contact with infectious diseases.

Immunisation Against Diphtheria.

199 children completed a full course of immunisation and 481 were given reinforcing injections.

Percentage of School Population immunised — 59.6%

Schick Tests were carried out as indicated below:—

Pre-Schick

Number Positive

19

9 — Equivalent to 47%

Post-Schick

Number Positive

452

23 — Equivalent to 5%

Infectious Diseases and Deaths Amongst School Children.

	Cases	Deaths
Scarlet Fever	39	—
Measles	299	—
Whooping Cough	37	—
Acute Pneumonia	5	1
Diphtheria	1	—
Meningococcal Infection	1	—
Erysipelas	1	—
Food Poisoning	3	—
Dysentery	84	—
Tuberculosis : Pulmonary ...	3	1
Non-Pulmonary ...	6	2
(including 4 T.B. Meningitis)		
Total ...	479	4

SCHOOL MEALS SERVICE.

Week 1.

Week 2.

Monday.

Minced Steak Turnover, Mashed Potatoes, Carrots. Rice Pudding and Tinned Plums.

Minced Steak, Mashed Potatoes, Carrots. Steamed Jam Roly Poly, Custard Sauce.

Tuesday.

Roast Beef, Baked Potatoes, Gravy, Yorkshire Pudding, Greens. Steamed Sultana Pudding and Custard Sauce.

Cornish Pasty, Gravy, Potatoes, Greens. Milk Pudding Served with Prunes.

Wednesday.

Braised Steak, Mashed Potatoes, Mashed Swedes. Isle of Wight Pudding, Custard Sauce.

Cold Boiled Ham, Salad Dressing, Mashed Potatoes, (Salads: Cooked Beetroot, Grated Carrots, Grated Cheese), Jam Tart and Custard Sauce.

Thursday.

Roast Cold Lamb, Mashed Potatoes, Salad Dressing, Salads — Cooked Beetroot, Grated Carrots, Celery Finely Chopped. Baked Date Pie (M.O.E. Recipe) and Custard Sauce.

Roast Topside of Beef, Gravy, Baked Potatoes, Mashed Swedes. Steamed Date Pudding, Custard Sauce.

Friday.**R. C. Schools.** Fish Cakes, Etc.,**Reid Street.** „**North Road.** „**Alderman Leach** „**Cockerton** „**Eastbourne Girls'** Sausage.**Lowson Street.** „**Girls' High** „**Grammar** „**Eastbourne Boys'.** Liver.**Remainder of Schools.**

Roast Beef, Gravy, Baked Potatoes, Marrowfat Peas, Steamed Eves Pudding, Custard Sauce.

R. C. Schools.

Cheese and Potatoe Pies.

Remainder of Schools.

Shepherds Pie, Onion Gravy,

Cabbage, Raw Grated Carrots.

Blancmange and Jelly Decorated

with Mock Whipped Cream.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic has been held as in previous years on the afternoon of every school day. The Assistant School Medical Officer attends to see patients on Mondays, Wednesdays and Fridays. On the other afternoons the School Nurses deal with the children who attend.

The Clinic continued to be well patronised, but there is a considerable diminution in the number of attendances from 10,378 in 1949 to 7,839 in 1950. This may have been due to a larger number of parents seeking treatment for their children from their National Health Service Practitioners, which appears to be the aim of the provisions of the National Health Service Act. On the other hand, the almost complete closing of the Open Air School accounts for a certain loss in the number of cases referred for treatment and one would also like to think that the actual number of minor ailments was less. It is probable, however, that these, so many of which have a traumatic origin, can never be wholly prevented and there is reason to believe that general practitioners appreciate the existence of the Clinic to relieve their already over burdened surgeries.

The relations between the practitioners and the School Health Department remain friendly and your Medical Staff is anxious to make available all relevant information about children with defects, minor ailments or otherwise to their family physicians. Your School Medical Officer would be glad if a reciprocal flow of information to complete school health records was also available. He recognises that the very busy practitioners can hardly be expected to write extra reports, but he can see no reason why information should not be readily available from the Darlington Memorial Hospital.

INCIDENCE OF RINGWORM.

The following table gives the incidence of ringworm during the past five years :—

1946	...	18 Scalp 23 Body
1947	...	3 Scalp 1 Body
1948	...	7 Scalp 2 Body
1949	...	4 Scalp 7 Body
1950	...	1 Scalp 10 Body

SALTERS LANE OPEN AIR SCHOOL

The number of children on the register on 31st December, 1950, was 73.

Medical inspections carried out were as follows:—

97 Routine
239 Special
39 Re-inspections.

Cleanliness — The usual supervision has been exercised. The standard has been found to be high and the one or two exceptions have been dealt with and responded satisfactorily.

Treatment of Minor Ailments — The average number of attendances for treatment per month was 175. Type of defects treated :— abrasions, sore throats, otorrhoea, sprains, septic fingers, septic feet, boils, 1 child with tracheotomy tube.

Shower Baths — Only given for approximately six months as owing to building operations, these had to be suspended.

Ultra Violet Light — The number of children treated was 18.

Vitamins and Other Treatment —

Children on Hypotency Tablets	...	...	2
„ „ Cod Liver Oil Emulsion	...	...	76
„ „ Fersolate Tablets	...	...	40

Meals — There has been greater difficulty in obtaining fresh vegetables, but apart from this the meals have been up to the usual high standard and as always appreciated by the children,

A member of the nursing staff cares for and supervises the health of the children and a visit is paid at regular intervals by a Medical Officer.

Barnard School for Educationally Sub-Normal Pupils.

At the end of the year, 57 children were in attendance, 18 were admitted and 8 left during the year. One was excluded from school attendance.

49 routine, 58 special and 21 re-inspections were carried out.

Nursery Schools and Classes.

254 routine inspections were carried out in the above schools. 40.6% were classified as Nutrition "A" (Good), 59% as Nutrition "B" (Fair) and 0.4% as Nutrition "C" (Poor).

Miscellaneous Examinations.

112 teachers, clerks and others were examined and certified fit to commence duty or able to return to duty after prolonged illness.

146 children were examined and certified fit to take up part-time employment.

HANDICAPPED CHILDREN.

Blind and Partially Sighted — 4 are in Residential Special Schools.

Deaf and Partially Deaf—1 is in a Residential Special School, 5 travel daily to Middlesbrough School for the Deaf and 81 are attending special classes for lip-reading.

Delicate — 54 are in attendance at the Open Air School, 7 are excluded from school attendance, 1 is in a Residential Special School, 1 in Stannington Sanatorium, 1 in Memorial Hospital, and 4 are in ordinary schools where their education proceeds without detriment to them.

Physically Handicapped — 6 are in Orthopaedic Hospital Schools, 15 are in attendance at the Open Air School, 6 are excluded from school attendance and 67 are educated in ordinary schools.

Educationally Sub-Normal — 44 are in Barnard Street School, 1 is in the Special School at West Hartlepool, 6 are in ordinary schools and 2 are excluded from school attendance.

Multiple Defects — 13 are in Barnard School, 4 at the Open Air School, 1 in a Residential Special School, 2 are excluded from school attendance, and 2 are educated in ordinary schools.

Epilepsy — 1 is in a Residential Special School and 1 is excluded from school attendance.

OPHTHALMIC CLINIC.

The School Ophthalmologist, Dr. A. McGarrity, reports as follows:—

Of 450 children refracted for defective vision, 406 were ordered glasses. In all 82 cases of squint were dealt with. 14 were referred to the Memorial Hospital for orthoptic treatment and of these 3 required operation. 3 also received operative treatment who had been referred during the previous year.

106 received treatment for external diseases of the eye which consisted chiefly of conjunctivitis and blepharitis.

During the year 105 children had repairs to glasses under the National Health Service.

DENTAL REPORT.

The Senior Dental Officer, Mr. J. L. Liddell, has reported as follows:—

The work done during 1950 is comparable with that in the previous year, as it has been impossible to obtain the services of an Assistant Dental Officer.

It is gratifying to find that the demand for conservative treatment continues on a high level, although it has been found necessary to devote more time to emergency cases at the expense of routine work. It is estimated that about 85% of anaesthetic cases are for the relief of toothache.

It is noticed that, owing to long intervals between routine inspections, the number of large contour fillings, which take a long time to do, is on the increase. If inspections were done at more frequent intervals, these cavities would be discovered, and filled, in the early stages of decay.

I would like to express my thanks to Dr. Dingle, without whom it would be impossible to carry on anaesthetic work, and to the Dental Clerk and Attendant, Miss Langhorne, for the excellent way in which she carries out her duties.

CHILD GUIDANCE.

The report on the work of the Child Guidance Clinic following below is the work of Mr. R. V. Saunders, the Educational Psychologist. In the script as originally presented an analysis was included of the work done on behalf of children belonging to other Local Education Authorities and except in Tables I and II these have been excluded to save space. The Committee should, however, remember the considerable proportion of the time of the Clinic given to these cases who in number total 56 as compared with 109 Darlington cases newly opened. The total number of Darlington children seen was 167 and this figure includes cases carried over from 1949.

Tables I and II include all children from every source seen at the Clinic in order to indicate the total scope of the work carried out. Except for the editorial deletions indicated, the report is published as submitted and the observations made during the course of it are not necessarily the opinions of your School Medical Officer who has commented upon the subject in his introductory letter.

(1) Staff :—

The only change in the staff of the Clinic during the year has been the assumption of the duties of (part-time) Psychiatric Social Worker by Mrs. K. W. Hudson, who joined our team on 16th January, 1950 and spares us two sessions weekly of much valued assistance. This has enabled us to deal satisfactorily with the intake of new cases, but still leaves the Clinic deficient of a much-needed trained visitor who can carry our work into the homes of our patients. The illness of our clerk in November and December brought forcibly to our notice the importance of this member of our organisation with regard to adequate reporting and documentation of cases.

(2) Case-work in 1950 :—

During the year the system of comprehensive examination and relatively intensive treatments inaugurated late in 1948, and reinforced by doubled Psychiatric time in September, 1949, has been continued.

At the same time, the Clinic has in the past year been receiving cases from the South and West of the County Durham area. The effect of this change has been to bring in a much higher proportion of serious cases than in previous years, so that more treatment time has been required, with a consequent reduction in the time available for examination of new cases, and some lengthening of the waiting list for less urgent problems.

TABLE I. Table of case-work for 1950 as compared with 1949.

	No. of Cases opened	No. of Children examd. or interv'd.	No. of Parents interviewed
Year ending			
31-12-50	165	1879	906
31-12-49	136	1577	579

(In studying the above, it should be noted that the amount of Psychiatric time available in 1950 was approximately one third more than in 1949).

Sources of Cases Referred.

TABLE II. Table of Sources for 1950 as compared with 1949.

	1950	1949
Schools	41	34
School Medical Service ...	29	21
Parents	17	35
Probation Officers	4	13
Family Doctors	5	10
Darlington Education Committee	6	3
Hearing Clinic	1	6
Residential Children's Homes	6	—
Stockton Education Committee	26	12
Co. Durham Education Comm.	25	1
Private Cases	5	1
Totals ...	165	136

The most noticeable feature of the above table is the extent to which Stockton Education Committee and County Durham Education Committee made use of the Darlington Child Guidance Clinic during the year.

Fewer parents appear to have approached the Clinic directly, but a good number (12) have approached us through the Head Teachers of their children's schools.

TABLE III. Types of Referral Problem distributed according to age :

		2	3	4	5	6	7	8	9	10	11	12	13	14	15	15+	Total
Organic	Boys	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Intellectual	Boys	1	3	—	1	1	2	3	4	6	3	1	—	1	—	1	27
	Girls	2	2	1	—	1	—	—	—	—	—	1	—	1	1	1	10
Behaviour	Boys	—	4	1	—	1	2	—	1	2	—	3	2	3	—	—	19
	Girls	—	1	—	1	—	1	—	—	—	1	—	2	—	—	—	6
Emotional	Boys	1	1	1	—	2	1	1	3	1	1	—	—	—	—	—	12
	Girls	—	1	1	—	—	—	—	1	—	1	—	1	—	—	—	5
Habit	Boys	1	2	1	—	2	—	2	4	1	3	2	3	—	—	—	21
	Girls	—	—	—	—	3	3	1	—	—	1	—	—	—	—	—	8
Totals ...		5	14	5	2	10	9	7	13	10	11	7	8	5	1	2	109

Remarks :— As in previous years, the cases are drawn principally from the Infant and Junior School Age Groups (once again with the exception of Behaviour Referrals). The unusual number of Darlington 3 year olds referred to us is partly accounted for by the intellectual assessments which the Church of England Waifs and Strays Society now insists should be made of children in its homes whom it is proposed to board out, in consequence of which 6 children were examined at the request of the Matron of St. Cuthbert's Nursery in Cleveland Avenue.

TABLE IV — Types of Referral Problem Distributed according to Intelligence.

IQ :		Below 70	70—85	86—100	101—115	116—130	Over 130	Total
Organic	Boys	—	—	—	—	—	1	1
	Girls	—	—	—	—	—	—	1
Intellectual	Boys	1	10	12	3	1	—	27
	Girls	2	1	3	1	3	—	10
Behaviour	Boys	1	3	7	5	3	—	19
	Girls	1	2	3	—	—	—	6
Emotional	Boys	—	1	5	4	2	—	12
	Girls	—	—	4	1	—	—	5
Habit	Boys	—	2	9	7	2	1	21
	Girls	—	—	4	3	1	—	8
Totals ...		5	19	47	24	12	2	109

Disposals.

The cases referred to the Clinic in 1950 were disposed of as follows (Table V shows closures from the beginning of February, 1950 to the end of January, 1951).

TABLE V.

		Total	Closed in Period	Still Open
Advice	... ..	30	18	12
Advice and Placement	... ..	12	10	2
Treatment Recommended	... ..	67	9	48
		109	37	62

TABLE VI.**Treatment.**

	Closed completed	Closed Uncompleted		Continuing into 1951	On treatment waiting list
		Part Improved.	Less Improved		
Cases opened in 1950	11	5	3	36	12
Cases brought forward from previous years	28	24	*16	13	0

N.B. Classes cover the period up to and including January, 1951.

*16 "Less Improved" Darlington Cases brought forward from previous years are accounted for as follows:—

Defective home relationships remaining unimproved	...	...	...	...	5
Adopted or Institution child	...	...	...	...	2
Parental failure to co-operate with Clinic	...	...	...	...	5
Parental inability to attend (working mother)	...	...	...	...	2
Indurated speech defect	...	...	...	...	1
Suspected brain condition	...	...	...	...	1

Conclusion :—

With the exceptions already noted we feel that the chief conclusion to be drawn from this report is that its findings are not noticeably different from those of previous years with the exception that the results of the increased emphasis on treatment-function of a Clinic, can be seen by a comparison of the Darlington portion of Table VI with the corresponding Table of our 1949 Report. The number of closures is doubled (87 as against 42), while the treatment waiting list is considerably less (12 as against 33).

Points from the Year's Work:

- (1) **Housing** — In four cases re-housing was clearly indicated as a major requirement for improvement. In one of these cases the parents' names have been on the waiting list since they were married — some 8 years ago. While the housing authority is sympathetic it appears that no provision exists on the system in force for the acceptance of other than more purely medical recommendations.
- (2) **Speech Defects** — We regret that we have neither the time nor a good deal of the technical training to give more assistance to Darlington school children suffering from speech defects. The acquisition of the services of a qualified speech therapist would be a great asset.
- (3) **Parents' Clinics** — It becomes increasingly obvious that in many cases referred to us, treatment within the context of the child's problem alone is not sufficient and that a Parents' Clinic is a necessity which merits consideration.
- (4) **Visiting Service** — The Clinic Psychiatric Social Worker has been able to afford us two half-day sessions per month of her valuable time in addition to the two weekly half-day sessions which she gives in the Clinic. This enables us to extend our activities beyond the limits of the Clinic walls in respect of most urgent cases. Nevertheless, the lack of a more comprehensive visiting service is severely felt and we feel sure that many of our cases would make quicker progress, and many homes where there is either difficulty or reluctance to attend the Child Guidance Clinic regularly, could be kept in satisfactory contact if we were so fortunate as to obtain at least a half-time Psychiatric Social Worker.
- (5) We have very strong evidence of, and faith in, the value of Nursery Schools as socialising and readjusting agencies for children of below school age.
- (6) **Delinquency** —
 - (a) We recommend that where the Juvenile Court is considering the possibility of Child Guidance Clinic assistance for young offenders, the case should be referred for examination and report only in the first instance. This is recommended because in many cases of delinquency it is possible at quite an early stage to predict the likelihood of success or failure by a careful study of the factors operating in the case. A condition of attendance could then be made if there were reasonable prospects of success.

- (b) A study of the records of the 18 delinquents who have been in our hands since September 1948 gives striking confirmation of D. H. Stott's findings in "Delinquency and Human Nature" (Carnegie Trust, 1950).

PARTIALLY DEAF CHILDREN.

Miss Muriel Scott continued to act as a full time officer in connection with the ascertainment of deafness and training of partially deaf children. Her work maintained that degree of skill and zeal that she has led all to expect.

She has reported as follows on the work of the year. —

During the year testing of the hearing of school children has continued and the majority of the Junior and Senior Schools are covered; the survey should be complete by December, 1951. We are again indebted to the Headteachers and Staff of the Schools for their help and to the Senior School Nurse for the efficient way in which she has conducted the testing.

Result of the Survey to date.

	Total No. tested		No. referred for re-test		No. re-tested		No. requiring special classes
1949	1,870	...	370	...	182	...	45
1950	2,117	...	428	...	210	...	40
	<u>3,987</u>	...	<u>798</u>	...	<u>392</u>	...	<u>85</u>

The total number of children referred from other sources is 80 as can be seen below.

E.N.T. Surgeon	Medical Psychiatrist	School M.O.	Head Teachers	Probationary Officer	Parents
13	10	38	16	1	2

Treatments given throughout the year.

Speech and Lip- Reading training following ascer- tainment of total deafness	Speech and Lip- Reading training following ascer- tainment of partial deafness	Lip-Reading only following partial deafness	Speech training for children with speech defect only
3	20	81	15

PHYSICAL TRAINING.

The work of Physical Education in the schools has been maintained. The resignation of the Organiser has resulted in some loss of specialist advice to schools, as the general shortage of qualified teachers of physical training has prevented the Authority from appointing a successor, in spite of two attempts by advertisement. The enthusiasm of teachers has continued unabated and local courses arranged for them were very well attended. A number of teachers also attended specialist courses arranged by the Ministry and other organisations.

The shortage of qualified leaders was also felt in the work of physical education in the Youth Centres, but there has been a slight improvement in this respect towards the end of the year. There have been no major events to record but progress has been made in the acquisition of land and in the necessary levelling and conditioning processes which should enable better playing-field facilities to be available in the next year or two. Much more remains to be done but there is already prospect of improvement both for schools and Youth organisations.

APPENDIX TABLES.

TABLE I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. PERIODIC MEDICAL INSPECTIONS.

Inspections in the prescribed Groups:—

Entrants	...	...	...	...	840
Second Age Group	...	...	...	...	1,154
Third Age Group	...	...	...	...	788
				Total	2,782
Other Periodic Inspections	...	...	...		295
				Grand Total	3,077

B. OTHER INSPECTIONS.

Special Inspections	...	...	...	...	2,553
Re-Inspections	...	...	...	...	837
				Total	3,390

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual Pupils (4)
Entrants	2	170	172
Second Age Group	61	86	143
Third Age Group	50	45	93
Total (prescribed groups).	113	301	408
Other Periodic Inspections	7	79	84
Grand Total	120	380	492

TABLE IIA. Return of Defects Found by Medical Inspection.

Defect Code No.	Disease or Defect (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	14	4	142	3
5	Eyes—	120	33	34	2
	a. Vision	42	6	15	4
	b. Squint	10	1	115	3
	c. Other	9	16	10	7
6	Ears	7	—	25	—
	a. Hearing	18	—	71	—
	b. Otitis Media	91	131	156	100
	c. Other	11	9	13	15
7	Nose or Throat—	9	14	7	21
8	Speech	52	30	49	27
9	Cervical Glands	19	25	19	15
10	Heart and Circulation				
11	Lungs				
12	Developmental—				
	a. Hernia	1	3	—	1
	b. Other	4	7	4	6
13	Orthopaedic—				
	a. Posture	3	25	2	21
	b. Flat Foot	10	75	5	105
	c. Other	23	33	23	27
14	Nervous System—				
	a. Epilepsy ...	1	2	2	5
	b. Other	2	3	2	6
15	Psychological—				
	a. Development	3	6	33	44
	b. Stability	28	28	36	28
16	Other	46	15	1,020	16

TABLE IIB. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (good)		B (fair)		C (poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	840	255	30.4	576	68.6	9	1.1
Second Age Group	1,154	252	21.8	898	77.8	4	0.3
Third Age Group	788	284	36.0	504	64.0	—	—
Other Periodic Inspections	295	100	33.9	191	64.7	4	1.4
TOTAL	3,077	891	29.0	2,169	70.5	17	0.6

TABLE III. — Infestation with Vermin

(i) Examinations in the schools by the school nurses or other authorised persons	...	26,710
(ii) Individual pupils found to be infested	...	1,130
(iii) Individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	... ..	—
(iv) Individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	... ..	—

TABLE IV. Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).**GROUP 1. Diseases of the Skin (excluding uncleanliness for which see Table III).**

						Number of cases treated or under treatment during the year	
						by the Authority	otherwise
Ringworm—(i) Scalp	....	....	....	....	....	1	—
(ii) Body	....	....	....	....	....	10	—
Scabies	....	....	....	....	....	18	2
Impetigo	....	....	....	....	....	78	—
Other skin diseases	....	....	....	....	....	29	18
Total						136	20

GROUP 2. Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	106	19
Errors of Refraction (including squint)	450	—
Total	556	19
Number of pupils for whom spectacles were :		
(a) Prescribed	406	—
(b) Obtained	394	—
Total	800	—

GROUP 3. Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear	—	30
(b) for adenoids and chronic tonsillitis	—	223
(c) for other nose and throat conditions	—	23
Received other forms of treatment	171	34
Total	171	310

GROUP 4. Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	11	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	—	49

GROUP 5. Child Guidance Treatment.

	Number of cases treated	
	In Authority's Child Guidance Clinics	otherwise
Number of pupils treated at Child Guidance Clinics	167	—

GROUP 6. Speech Therapy.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	—	—

GROUP 7. Other Treatment Given.

					Number of cases treated	
					by the Authority	otherwise
(a) Miscellaneous minor ailments	....	....	....	....	982	8
(b) Other (specify)	....	....	....	....	—	—
Total					982	8

TABLE V. Dental Inspection and Treatment Carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) Periodic age groups	4,631
(b) Specials	641
Total (1)					5,272
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(2) Number found to require treatment	2,345
(3) Number referred for treatment	2,137
(4) Number actually treated	...	...	...	...	1,961
(5) Attendances made by pupils for treatment	...	...	...	...	2,893
(6) Half-days devoted to :—					
Inspection				...	34
Treatment				...	273
Total (6)					307
<hr/>					
(7) Fillings :—					
Permanent Teeth				...	1,575
Temporary Teeth				...	—
Total (7)					1,575
<hr/>					
(8) Number of teeth filled :—					
Permanent Teeth				...	1,575
Temporary Teeth				...	—
Total (8)					1,575
<hr/>					
(9) Extractions :—					
Permanent Teeth				...	259
Temporary Teeth				...	2,012
Total (9)					2,271
<hr/>					
(10) Administration of general anaesthetics for extraction					
					696
<hr/>					
(11) Other operations :—					
Permanent Teeth				...	148
Temporary Teeth				...	—
Total (11)					148

